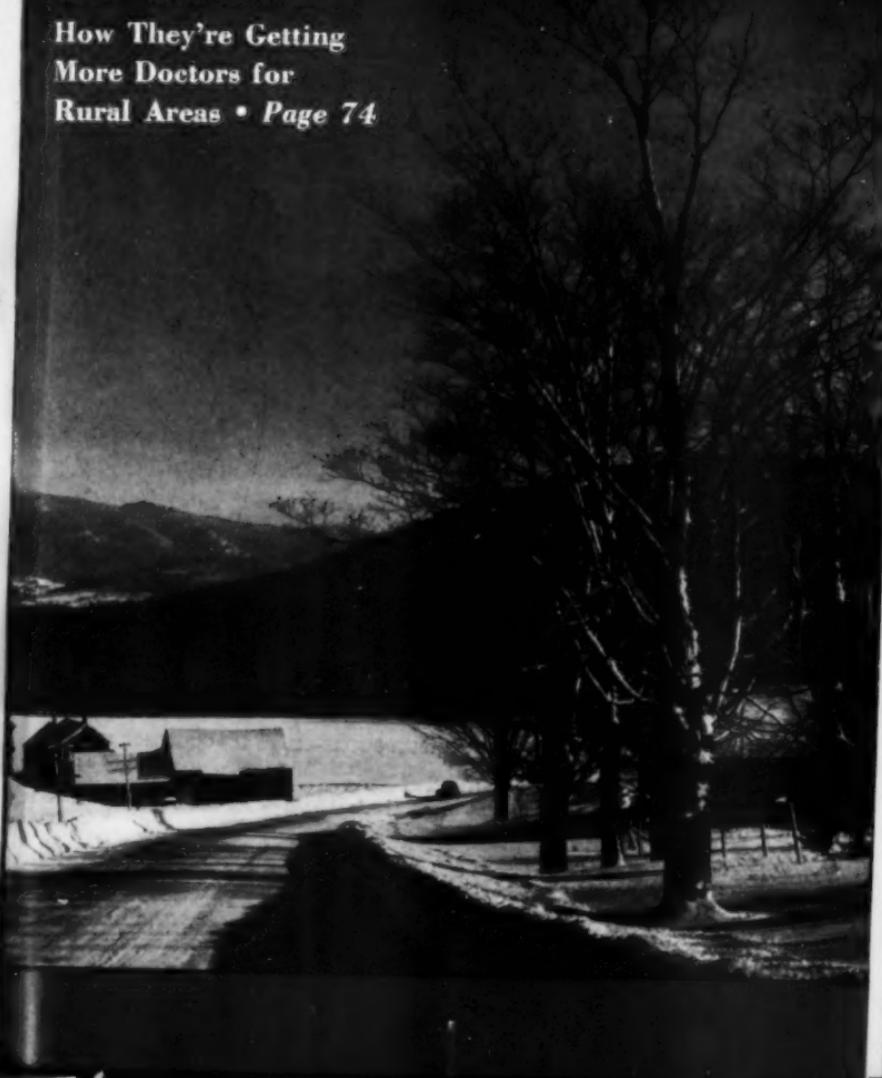


Medical Economics

**How They're Getting
More Doctors for
Rural Areas • Page 74**





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Medical Economics

• • * January 1952 • *

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harynx before administration of
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these photographs show
a most effective way to treat

sore throat

Instilled intranasally, Paredrine-Sulfathiazole Suspension drifts down over the nasopharynx and pharynx; coats infected areas with a soothing, bacteriostatic frosting. It is not quickly washed away, but clings to the throat for hours—assuring prolonged bacteriostasis. The Suspension is particularly effective in sore throat when instilled on retiring. Frequently, it produces bacteriostasis (and analgesia) all night long.

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with SULFUR and SALICYLIC ACID
in a non-greasy base

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Wilbur, D. L.: Principles in the
use of Vitamins in Treatment: I. Vita-
min Deficiency Diseases. Gastro-
enterology, 1:179, Feb., 1943.



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"Vitamin deficiency diseases . . .
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When a vitamin deficiency state exists—as may
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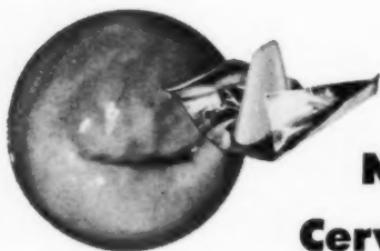
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TO MINIMIZE MALODOR
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"Therapeutic levels of vitamin supplementation are indicated in the presence of evidence of one or more specific deficiency diseases. Since it is well established that deficiency of a single essential nutrient rarely occurs in human medicine, therapy should include supplementation with 5 to 10 times the National Research Council recommendations of the specific nutrient involved with 1 to 5 increments of the remaining."¹

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1. Mann, G. V., and Stare, F. J.: Nutritional Needs in Illness and Disease, J.A.M.A. (Feb. 11) 1950, p. 412.

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Vitamin A	25,000 U.S.P. Units
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Thiamine Mononitrate	10 mg.
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Cobalt	0.1 mg.
Copper	1.0 mg.
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Iron	10.0 mg.
Magnesium	6.0 mg.
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CHICAGO

pains
of angina pectoris
and other vascular spasms are
preventable
with



(DIOXYLINE PHOSPHATE, LILLY)

Useful both as a vasodilator and as an antispasmodic, 'Paveril Phosphate' (Dioxyline Phosphate, Lilly) is especially valuable in the control of angina pectoris, coronary occlusion, and peripheral or pulmonary embolism. 'Paveril Phosphate' has even a wider margin of safety and still greater freedom from side-effects than papaverine, which it resembles therapeutically. Furthermore, since it does not cause addiction and is not a constituent of opium, this useful synthetic may be obtained conveniently without the bother of narcotic forms. Supplied in tablets, 1 1/2 grains (0.1 Gm.) and 3 grains (0.2 Gm.).

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Panorama

After world tour of U.S. medical stations, Dr. Charles W. Mayo quelled rumors that wounded G.I.'s in Korea have to pay for blood used in transfusions. Probably Russian propaganda, he said . . . Volume I of new International Pharmacopoeia, compiled by World Health Organization to set uniform standards for drugs, is now available in English and French . . . Office-dispensing M.D.'s pave the way to socialized medicine, says National Association of Retail Druggists, by limiting patients' free choice of pharmacists . . . Sign in a Rochester, Minn., hotel: "Please do not discuss your operation in the lobby."

Sticker attached to overdue bills by some Toronto doctors warns patients they'll be charged an extra dollar per visit for every four months the bill remains unpaid . . . Fifteen years after he first found inspiration in country doctors, Actor Jean Hersholt (radio's Dr. Christian) finds the tables turned: Some small-town physicians actually consult him in his specialties (heart balm and homely philosophy) . . . U.S. life expectancy at new high, says Public Health Service; average for white women now 71.5, for white men nearly 66 . . . Via Optica, proposed new publication of Association of Medical Illustrators, hopes to tell M.D.'s how to illustrate papers, prepare exhibits.

Bargain: Summoned by St. Louis Academy of General Practice's emergency call plan, one of its 120 volunteer physicians delivered a baby—and was handed a dollar bill in full payment for services rendered . . . After months of prodding by medical organizations, New York Bureau of Workmen's Compensation has authorized doctors to add 8 per cent to their bills . . . Welfare investigation brewing in Indiana: One legislator claims that ninety-one physicians averaged \$14,000 yearly from

care of welfare patients; medical society retorts that \$14,000 was average paid per county, not per doctor . . . Asked by Gallup pollsters if they favor a law *requiring* U.S. citizens to give blood in event that acute shortage continues, 57 per cent of interviewees said yes.

Never has pressure to get people into medical school been so great, says Dean Harold S. Diehl of University of Minnesota medical school. Most such pressure comes from "legislators [who are] concerned with getting some particular individual admitted, and we couldn't solve *that* problem if the size of the school were doubled" . . . Air Force medical officers have been shorn of their caducei. Removal of medical insignia from off-duty uniforms, says Air Surgeon General, spares doctors from free-loading advice seekers . . . Among best-prepared A-doctors are those in upstate New York, where a total of 6,200—two out of every three—have taken civil defense training.

Physicians from eleven U.N. nations regularly attend weekly meetings of world's most unusual medical society: The 38th Parallel Medical Society of Korea . . . Small state associations, please copy: Second annual Vermont-New Hampshire medical meeting a whopping success, with combined attendance justifying a bigger and better program . . . Hospitalized for circumcision, an Englewood, Col., man got more than he bargained for: He's now pressing malpractice charges against doctors who confused him with another patient, performed unauthorized vasectomy . . . M.D.'s employed by other M.D.'s are *not* exempt from salary controls, Office of Salary Stabilization has ruled.

Doctors should begin practicing home deliveries of babies as precaution against time when hospitals may be filled with A-bomb victims, says Dr. W. A. Ruck of Memphis . . . "What percentage of your membership attends meetings?" county secretaries were asked by Illinois State Medical Society. Answers from thirty-three counties put average attendance at 44 per cent (though one larger-than-average society reports a mere 15 per cent).

turning-point

Under stress—burns, severe infections, surgery—when the greater need for adrenal cortical hormone may tax the patient's resources, appropriate supportive therapy may influence favorably the turning-point toward recovery.

R Upjohn Adrenal Cortex Extract

10 cc. and 50 cc. vials of sterile solution for subcutaneous, intramuscular or intravenous injection.

Continuous Upjohn research in the physiology and chemistry of the adrenal gland has made available potent, standardized extracts providing all the natural hormones of the adrenal cortex.

Each cc. of Upjohn Adrenal Cortex Extract contains the biological activity equivalent to 0.1 mg. of 17-hydroxycorticosterone, as standardized by the Rat Liver-Glycogen Deposition test. Alcohol 10%.

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WHY RESORT
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Such widespread acceptance and approval make a convincing demonstration of the proven worth of the Hyfrecator in practically every type of practise. If you do not own one, now is the time to investigate how a Hyfrecator may be of value in your office. It is inexpensive; it is probably the best dollar value one can find today. Complete descriptive literature of the instrument and its uses is yours for the asking.

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made possible by the unique physical
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for prompt, effective and palatable
therapy of a wide range of infections.*

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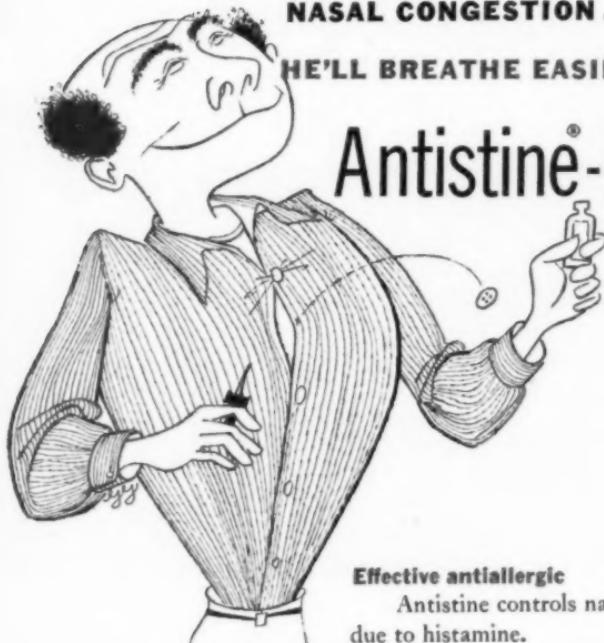
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SOLUTION



Effective antiallergic

Antistine controls nasal congestion due to histamine.

Long-acting vasoconstrictor Privine shrinks nasal mucosa, provides an open airway through nasal passages.

Decongestant action of Antistine-Privine "in many instances appears to be more intense and prolonged than from either solution alone."¹

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¹. Friedlaender, S. and Friedlaender, A.S.: Newer Antihistaminic Drugs in the Symptomatic Treatment of Allergic Manifestations, Am. Pract. 2:643, 1948

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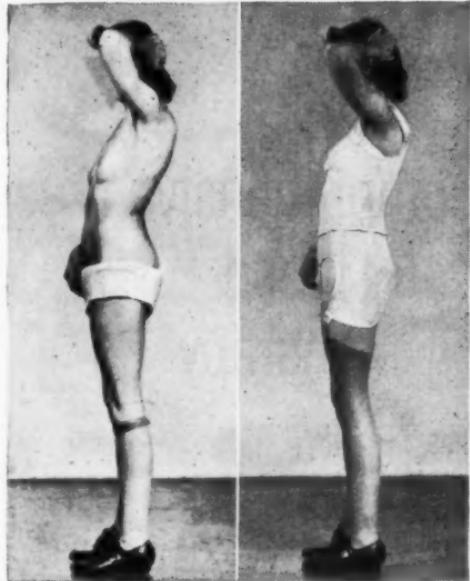
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Spencer Supports are therapeutically effective because: Each Spencer is *individually designed, cut, and made* for each patient.

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Speaking Frankly

Anti-Hospital

Sirs: The average physician can't buck the hospital. Due to the antagonism of businessmen towards the medical profession, no compromise with the American Hospital Association is possible. The men who dominate hospital boards are, in fact, often chosen *because* of such attitudes. Since lay and professional points of view are so divergent, attempts to get together will prove a waste of time.

But there is a solution:

Let county medical societies elect only anti-hospital delegates to state society meetings. Let these M.D.'s be instructed to defeat all pro-hospital men nominated as state delegates to A.M.A. meetings. Local doctors know who they are.

Further changes in the makeup of the A.M.A. House of Delegates will bring a quick end to the present struggle for control of hospital approval. And doctors can't afford to lose this fight.

R. H. Sherwood, M.D.
Niagara Falls, N.Y.

Influence

Sirs: A recent Circuit Court ruling denies the right of a tax-supported hospital in Mexico, Mo., to bar os-

teopaths from its staff. Why did this verdict go against our profession?

One reason, I'm sure, is that the judge was influenced by the million-dollar hospital being completed in Kirksville. This is a teaching hospital for a college of osteopathy here, and was made possible in large measure by a Government grant.

M.D., Missouri

Prescriptions

Sirs: Our drug companies should simplify the names of the medicines we have to prescribe. I, for one, am hopelessly lost in the maze of new names. Often I revert to some old remedy like Syr. Sarsaparilla Comp. rather than rack my brain to remember something far better with a terrible formula name or fancy title invented by some dreamer. When my waiting room is full, such names simply vacate my mind.

B. B. McGee, M.D.
Alamo, Tex.

Executives

Sirs: In your October issue, you ran pictures of eleven executive secretaries of state medical associations, labeling them "among the best in the business." One man, in my opinion, was most conspicuous by his absence: He is William J. (Bill)



Clyde Foley



W. J. Burns

Burns, energetic and affable executive director of the Michigan State Medical Society. As a graduate of his "school," I think he is quite possibly the outstanding medical-society executive in captivity today. He has spent nearly two decades in this type of work, each year of which has been marked with outstanding and increasing success.

Russell F. Staudacher
Student American Medical Assn.
Chicago, Ill.

Sirs: It seems to me you overlooked your best bet when you left Clyde C. Foley off your "Eleven Best" list. In recognition of his twenty-five years of outstanding service as our executive secretary, the Oregon State Medical Society last fall gave him a testimonial dinner that was probably the largest ever given anyone in Portland. It was attended by the Governor, the Mayor, and many other notables. At its conclusion, Mr. Foley was presented with a new Pontiac sedan, purchased through the voluntary contributions made by nearly 1,000 Oregon med-

ical men. That's how we feel about him!

M.D., Oregon

All power to Bill Burns, Clyde Foley, and the many other high-calibre state and county society executives. To have cited them all would have taken an entire issue. Those featured in October were described not as the "eleven best" but as "among the best."

De-icer

Sirs: I've been considering putting hot-water or steam pipes under my driveway, to keep it free of ice and snow. But I'm told there's now on the market an inexpensive electric heating cable suitable for this purpose. Can you tell me how practical it is?

M.D., Connecticut

The manufacturers of such cable recommend it particularly for de-icing water pipes, roof gutters, and the like. For anything as extensive as a driveway, it would be uneconomical. Further, it would be quite inefficient unless embedded in a concrete or equally heat-conductive substance.

Occupational

Sirs: In your Newsvane item, "Specialty Board Near for Industrial Medicine," you state that the board "is being set up with members drawn from the A.M.A. and from the Industrial Medical Asso-

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Up-to-Date Antitussive



Sedative-antitussive effects of Methajade control sleep-robbing paroxysmal cough—allow patients to get needed rest.

SUBDUES VIOLENT COUGHING

Methajade® spares your patients the needless violence of exhausting, "unproductive" cough—without depriving them of the benefits of normal expectoration.

Because it contains methadone, the synthetic analgesic-antitussive, *Methajade* is capable of suppressing the irritability of the cough reflex without blocking it entirely.

Because it contains potassium citrate and diluted phosphoric acid, *Methajade* promotes the liquefaction and loosening of mucus, facilitating the expulsion of bronchial exudate and debris.

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Together, these actions tend to decrease the frequency and increase the efficiency of coughing, and to relieve bronchial spasm. *Methajade* is therefore well qualified as a practical aid in achieving the modern objectives of cough control:

- (1) to preserve the natural physiologic benefits of the cough—
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Composition—*Methajade* is a sugar-free antitussive with a delicious, fresh, lime flavor. Each 30 cc. (1 fl. oz.) contains:

Methadone hydrochloride*	10 mg.
(d,l-6-dimethylamino-4,4-diphenyl-3-heptanone hydrochloride)	
Warning: may be habit forming.	
Propodium® phenylpropanolamine hydrochloride .	0.12 Gm.
Potassium citrate	1.2 Gm.
Diluted phosphoric acid	4.5 cc.
Alcohol 5%	

Average Dose for Adults: 1 to 2 teaspoonfuls every three or four hours.

CHILDREN:

(Note: *Methajade* should not be administered to children under 2 years of age. In children 2 years of age or older, *Methajade* should be used only in cases of severe, intractable cough.)

Two years: $\frac{1}{4}$ teaspoonful not more often than every four hours.

Five years: $\frac{1}{2}$ teaspoonful not more often than every four hours.

Ten years: 1 teaspoonful not more often than every four hours.

Packaging—*Methajade* is supplied in pint Spa-saver® bottles and gallon bottles. Sharp & Dohme, Philadelphia 1, Pa.

*The analgesic potency of methadone hydrochloride is—weight for weight—approximately equivalent to that of morphine. It controls cough as well as, or better than, codeine. Methadone hydrochloride is subject to the provisions of the Harrison Narcotic Act.

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Antitussive

ciation." May I point out that the constitution of the American Board of Occupational Medicine (adopted June 1951) provides that the American Academy of Occupational Medicine shall also have representation.

Though younger and smaller than the other two groups, the academy numbers among its fellows many outstanding industrial physicians and educators. Qualified fellows will probably be eligible automatically for certification when the board begins to function.

Leonard J. Goldwater, M.D.
Secretary, A.A.O.M.
New York, N.Y.

Prescriptions

SIRS: The article "Congressmen Balk at Federal Rx Powers" [October MEDICAL ECONOMICS] is one of the most slanted pieces of reporting on a medical problem that I have ever seen. From reading this article, nobody would gather that the purpose of the [Humphrey-Durham bill] was to control barbiturate and other habit-forming drug rackets which are not controlled by the Harrison Narcotics Act. One might presume from your article that this was a totally useless piece of legislation.

The real purpose of the bill is to prevent unscrupulous physicians or other people from prescribing or delivering barbiturates by mail. This has been one of the major methods of maintaining the barbiturate-ad-

diction racket. In Minnesota we are presently investigating an addiction ring that existed inside a state penitentiary, just because it has been possible to send such drugs by mail. To say a bill which prevents this does little that is new is a gross misstatement of the facts.

Frederic J. Kottke, M.D.
Minneapolis, Minn.

The Newsweek item Dr. Kottke objects to was not primarily a description of the bill itself but of the House debate on the bill, which dealt largely with the matter of Federal Rx powers. As subsequently enacted, the Humphrey-Durham Act gives the Food and Drug Administration new powers to act against firms engaged in "dispensing drugs pursuant to diagnosis by mail." It also legalizes telephone prescriptions, gives statutory definitions of prescription-only drugs, and requires that these drugs carry the legend, "Caution: Federal law prohibits dispensing without prescription."

Nurses

SIRS: "What's Got Into the Nurses?" you ask. As an R.N., I'd like to answer that question.

Many hospitals do not stress the "patient-first" attitude. I am not a Catholic, but I trained in a Catholic hospital because it was recognized as the best training school in the city where I lived. Now, when I go to any hospital where graduate

"That there is real danger of poisoning by boric acid absorption through areas of dermatitis has been learned during our study of the unexpected deaths of infants in Baltimore in the past two years. The usual history is that of development of a 'diaper rash' in an infant under one year of age, and treatment of the dermatitis by repeated application of boric acid in a ---- mixture."¹



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The ever-present possibility of boric acid poisoning by transcutaneous absorption, when the skin is broken, indicates the physician's and nurse's need of making sure to recommend to every mother a "diaper rash" dusting powder and ointment containing no boric acid.

1. Fisher, R. S. "Notes from The Office of the Chief Medical Examiner," Baltimore, Md., April, 1951.

2. Benson, R. A., et al.: "The Treatment of Ammonia Dermatitis with Diaparene," J. Ped. 34:1-49, Jan., 1949.

3. Niedelman, M. I., et al.: "Ammonia Dermatitis. Treatment with Diaparene Chloride Ointment," J. Ped. 37:5-72, Nov., 1950.



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nurses are employed, I can pick out in a short time the nurses who were trained under nuns. They're the only ones who have been *taught* that the patient's needs always come first.

Then too, conditions in hospitals today don't give a nurse any great incentive. Unless she's a private-duty nurse, she simply hasn't time to give decent bedside care. Here's one result:

Of the twenty-three R.N.'s who graduated with me, only eight are still nursing. Yet if hospitals would arrange hours to fit the free time of mother-nurses, several of my fifteen inactive classmates would probably go back to work. Too many hospitals say, "You work 7 to 3, 3 to 11, or 11 to 7—or not at all." A mother of school children could work at least a five-hour shift during schooldays. This would help hospitals, doctors, and patients as well as the nurses involved.

It's natural for nurses to seek degrees. After all, why do doctors specialize? So they'll become better qualified in their particular line and thus do more for people (which in turn will do more for their pocketbooks). The same reasoning prompts nurses to get degrees if they possibly can; as a result, bedside care is usually left to aides and is not even taught to nurses.

There are still some old-fashioned R.N.'s who would like to spend more time at patients' bedsides. But it will take the combined efforts of hospital administrators, doctors, and

nurses to work out these problems to everyone's satisfaction.

Louise K. Alexander, R.N.
Tampa, Fla.

SIRS: Your article "What's Got Into the Nurses" contends that nurses are too highly educated—that we *want* to leave the care of patients to semi-trained, unprofessional help. You sadly deplore the virtual absence of the private-duty nurse and the loss of the small hospital school. Will you bear with me while I slant the statistics our way for a change?

Never before have the country's hospitals cared for so many patients as they are caring for now. Expanding hospital facilities alone could absorb as many nurses as the nation can turn out. In the years ahead, thousands of additional nurses will be needed to meet the demand.

Improved standards of nursing education are not the cause of the shortage; nor would the shortage be eased to any appreciable degree by a lowering of standards and an increase in small hospital schools. The saddest statistic of all is one not widely known: the fact that the greatest shortage of nurses is on the supervisory and educational levels.

Even if we were to recruit enough students to fill the public need, we could not train and educate them. Why not? Because there are not enough "over-educated" nurses—those degree-holding nurses you so berate and deride—to do the teaching.

It's always a paradox to me that

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the doctor—who always admonishes the nurse to give his patients the best possible care—is the last to realize that her education is his most valuable tool. Would doctors really support schools that have proved inadequate just to gain a few extra hands?

R.N., Illinois

Profits

SIRS: In your September issue you published an offer of mine to send a free copy of my book, "Profits Without Forecasting," to any doctor requesting it—while the supply lasted. This supply, several hundred copies, was gone within ten days of the offer. Requests kept pouring in, and I've been filling them from a second printing.

Altogether, I've mailed MEDICAL ECONOMICS readers well over 1,000 free copies of the book. I must now bring the offer to a close. Since the new edition has recently gone on sale to the public at \$1 a copy, it is no longer feasible for me to give it away to members of the medical profession.

Leon B. Allen
New York, N.Y.

Paradox

SIRS: I travel a good deal and have recently talked with people from California to New York, from Seattle to Miami, even with well-informed travelers in Europe. Nearly all these people seem to feel that Government medicine is inevitable. On the other hand, every magazine and newspaper article that I read

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In ethical packages of 20 capsules each, bearing no directions.

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without surgery**

- Produces prompt peripheral vasodilatation, increases blood flow and raises surface temperature¹
- Relieves characteristic painful response to heat and cold . . . increases usefulness of affected parts . . . lessens tendency to ulceration . . . and accelerates healing of necrotic areas in Raynaud's disease and Raynaud's phenomenon associated with thromboangiitis obliterans, arteriosclerosis obliterans, diabetic gangrene, acrosclerosis, etc.^{2,3,4}
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SUPPLIED: In 2-oz. tubes, and 1-lb. jars at leading prescription pharmacies.

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1. Kleckner, M. S., Jr., et al.: Circulation 3: 681, 1951. 2. Idem: Proc. Staff Meet., Mayo Clin. 25: 657, 1950. 3. Fox, M. J.: Wisconsin M. J. 47: 833, 1948. 4. Lund, F.: Acta med. Scandinav. Supp. 206: 196, 1948.

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Don't the people read the articles? Or don't the writers talk to the people?

J. J. Markey, M.D.
Oceanside, Calif.

Mercenaries

Sirs: Your article "Physicians' Incomes: Coast to Coast" points up the need for action on a pressing problem.

There is a great shortage of doctors in the less thickly populated parts of the country; yet, as your maps show, these are often the areas where doctors are making the most money. The law of supply and demand would quickly take care of this situation—if given a chance to operate.

But although there is a great need for physicians in these states, the examining boards usually put all sorts of barriers in the way of outsiders seeking to practice there. For example, the ten states that report top medical incomes stipulate either basic science certificates (sometimes with an examination given in the state itself) or reciprocity at the discretion of the board (which gives the board dictatorial power over who shall enter its domain). A man who doesn't like a crowded eastern area cannot practice in one of these top-income states without hurdling these barriers.

Why should not a state license—

any state license—be recognized as a *United States* license? Why not drop the naive assumption that the doctors who control these boards are acting in the public interest, since actually they may be acting in mercenary self-interest?

M.D., New Jersey

Irregulars

Sirs: Too many chiropractors and osteopaths in small towns are allowed to practice any kind of medicine without hindrance. Many of these practitioners don't even know as much as R.N.'s do. Yet the general public doesn't know the difference.

When will the medical profession demand of every state licensing board that all practitioners of the healing arts be required to have the same high standard of training, no matter what they call themselves?

C. McNeely, M.D.
Drain, Ore.

Preceptorships

Sirs: The preceptorship idea you discussed recently is heartily endorsed by the American Academy of General Practice. We also feel that G.P.'s should participate in medical school teaching as lecturers not only on medical economics and ethics but also on the care of patients in general practice.

To accomplish the latter aim, G.P.'s should be active in the outpatient departments of teaching in-

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stitutions. There they can illustrate for medical students and resident staffs the methods of examining, diagnosing, and treating patients on their first visit.

We feel that a setup where the G.P. is actually a member of the medical school-hospital staff has even greater advantages than an ordinary preceptorship.

D. G. Miller Jr., M.D.
Morgantown, Ky.

Footwork

SIRS: Items like your "Overworked Army M.D.'s at Breaking Point," revealing the physician shortage in the armed forces, become more common daily. As a chiropodist, I have a suggestion:

For years our profession has

sought a Chiropody Corps, patterned after the Dental Corps. It's surprising, in fact, that this was not done long ago since our profession is recognized by the A.M.A. on a par with dentistry.

During World War II, the Navy commissioned chiropodists in the Hospital Corps and set up several very successful foot clinics. Yet the Navy doesn't spend as much time on its feet as the Army does.

Now especially, when physicians in the armed forces are being overworked, the aid of an allied profession should be used to the fullest. Medical officers could then concentrate on the cases that are most deserving of their time.

Robert F. Triplett, D.S.C.
Nevada, Mo.



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a NEW local anesthetic

A potent, short-acting local anesthetic, producing on injection, a more prompt, intense and extensive anesthesia than equal concentrations of procaine hydrochloride. Useful and effective either with or without epinephrine, it has been described (1) as the most promising of the new local anesthetics, approaching in efficiency the nerve blocking properties of piperocaine, and in toxicity, the advantages of safety presented by procaine.

(1) Hanson, L. R. and Hingson, R. A., *Current Researches in Anesthesia and Analgesia*, 29:136 (May-June) 1950.

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reduction in blood pressure

Capsules *Ray-Trote* combine three supplementing therapeutic agents which serve to control high blood pressure with maximum efficiency. Capsules *Ray-Trote* introduce a timing element essential for the safest and most satisfactory control of hypertension.

Nitroglycerin: Because of its rapid vasodilating action, nitroglycerin reduces blood pressure almost instantaneously. To give the patient immediate relief, it still remains the drug of choice.

Sodium nitrite: Sodium nitrite is a somewhat slower acting vasodilator, and begins to take full effect as the action of nitroglycerin subsides.

Veratrum viride: Chemically standardized veratrum viride is probably the most active and reliable cardiac depressant.¹ Although slow to act, its depressant effect on blood pressure is prolonged, exceeding that of sodium nitrite by several hours.

Consequently, capsules *Ray-Trote* provide, in a single dosage form, immediate, sustained, prolonged hypotensive activity.

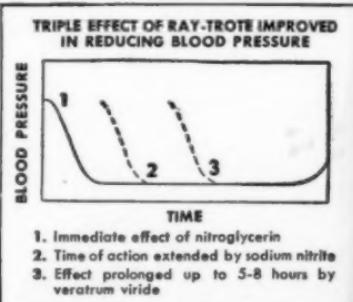
Phenobarbital: Capsules *Ray-Trote* also contain phenobarbital, to maintain a calmer, more restful hypertensive patient.

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I. Sollman, T.: *A Manual of Pharmacology*,
W. B. Saunders Co., 1942.

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Formula: Each capsule contains:

Nitroglycerin 0.25 mg.
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*free from habit-forming properties
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free from habit-forming or addiction properties
of barbiturates; rapidly metabolized; no cumulative action;
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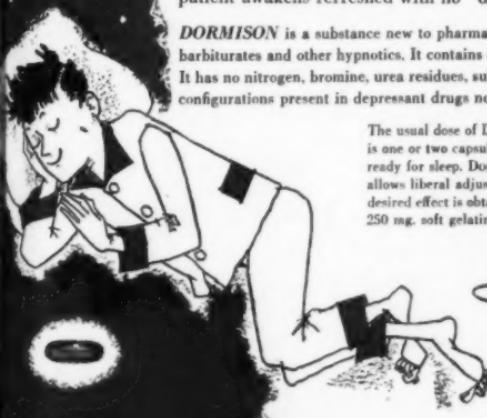
action subsides after a few hours; patient continues to sleep naturally

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DORMISON is a substance new to pharmacology, completely different from barbiturates and other hypnotics. It contains only carbon, hydrogen and oxygen. It has no nitrogen, bromine, urea residues, sulfone groups or chemical configurations present in depressant drugs now in use.

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TURASED provides rapid and prolonged reduction of blood pressure with lower serum levels of thiocyanate—thus increasing the margin of safety. Comparative clinical study¹ with TURASED has revealed "the infrequency of toxic or sensitivity reactions." In no case did capillary fragility become abnormal while the patient was receiving this preparation.

The potentiated, safer thiocyanate therapy made possible with TURASED is based upon the synergism offered by this original combination of ingredients.

1. Parsonnet, A. E., et al.: J. M. Soc. New Jersey 47: 504, 1950.

Per tablet:

Pentobarbital Sodium $\frac{1}{4}$ gr. (16.2 mg.)
(Warning: may be habit-forming)
Potassium Thiocyanate. $\frac{3}{4}$ gr. (48.7 mg.)
Sodium Nitrite $\frac{1}{4}$ gr. (32.5 mg.)
Rutin 10 mg.

SUPPLIED: Bottles of 100 and 500
coated (yellow) tablets.



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*for complementary effects
wherever combined
estrogen-androgen therapy
is indicated...*

- e. g. In fractures and osteoporosis in either sex to promote bone development, tissue growth, and repair.
- e. g. In the female climacteric in certain selected cases.
- e. g. In dysmenorrhea in an attempt to suppress ovulation on the basis that anovulatory bleeding is usually painless.
- e. g. In the male climacteric to reduce follicle-stimulating hormone levels.

"PREMARIN"® with METHYLTESTOSTERONE

is designed to permit utilization of both the complementary and the neutralizing effects of estrogen and androgen when administered concomitantly. Thus certain properties of either sex hormone may be employed in the opposite sex with a minimum of side effects.

Availability: Each tablet provides estrogens in their naturally occurring, water-soluble, conjugated form expressed as sodium estrone sulfate, together with methyltestosterone.

No. 879—Conjugated estrogens equine
("Premarin") 1.25 mg.
Methyltestosterone 10.0 mg.

Bottles of 100 tablets (yellow)

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("Premarin") 0.625 mg.
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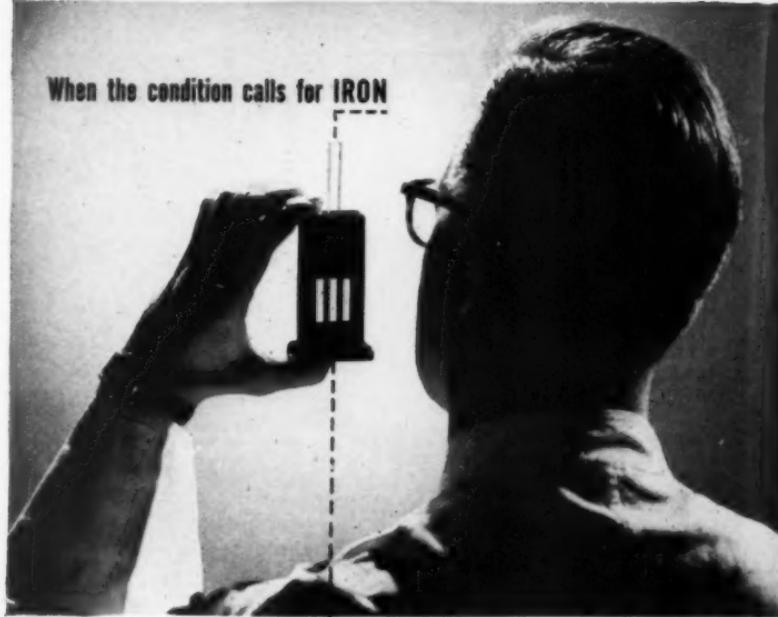
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For iron deficiency anemia, medical authorities endorse pharmaceutical *iron and iron only*.

And ferrous sulfate in an acidulous vehicle is recognized as a most effective form of pharmaceutical iron.

FER-IN-SOL is a concentrated solution of *ferrous sulfate*, for convenient drop dosage.

Its piquant citrus flavor blends perfectly with fruit juices and leaves minimum aftertaste. Infants and children take it willingly.

Both the 15 and 50 cc. bottles of FER-IN-SOL are supplied with calibrated droppers.



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When you recommend
steam therapy consider Vicks VapoRub
as the medicament

You can increase the benefits your patients derive from steam inhalation by suggesting Vicks VapoRub as the medicament.

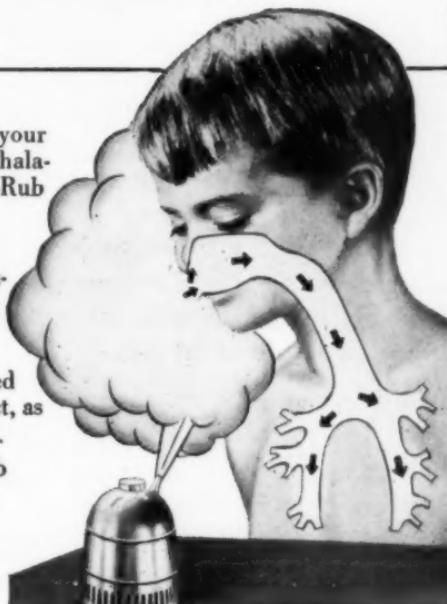
Its well-balanced formula contains not one but seven volatileizing ingredients, including menthol, thymol, camphor and oil of eucalyptus—all helpful in soothing the irritated mucosa of the respiratory tract, as well as in combatting dryness.

So consider Vicks VapoRub when your patients require steam therapy, whether you recommend a vaporizer or some other method.

In practically every home, Vicks VapoRub is already on hand for instant use.

**for
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We will be happy to send you a generous supply of distribution samples. Why not use this handy coupon?



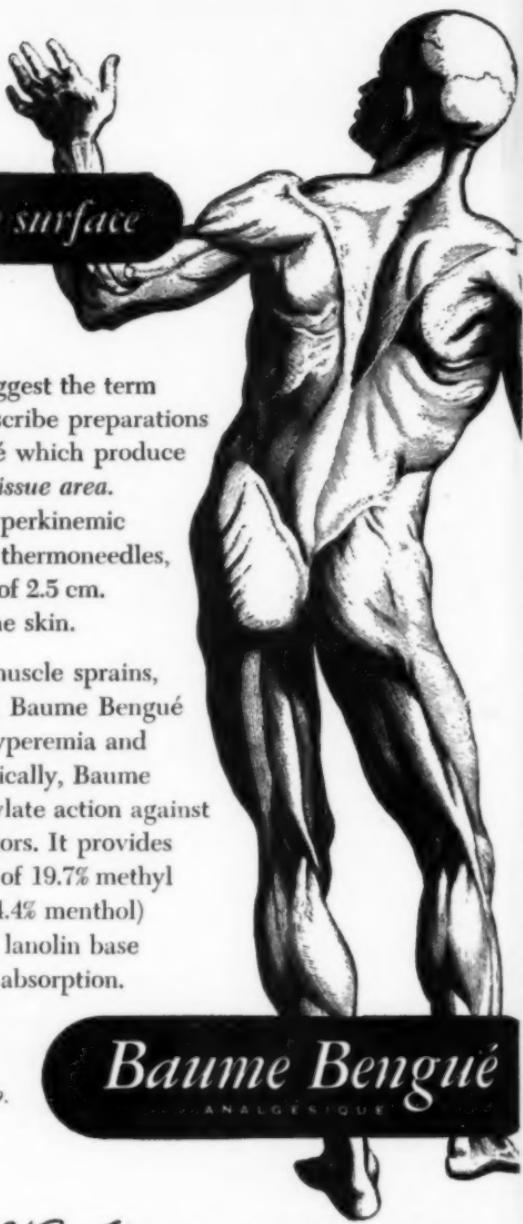
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Beneath the surface

Lange and Weiner¹ suggest the term "hyperkinemics" to describe preparations such as Baume Bengué which produce blood flow *through a tissue area*.

They point out that hyperkinemic effect, as measured by thermoneedles, may extend to a depth of 2.5 cm. below the surface of the skin.

In arthritis, myositis, muscle sprains, bursitis and arthralgia, Baume Bengué induces deep, active hyperemia and local analgesia. Systemically, Baume Bengué promotes salicylate action against underlying disease factors. It provides the high concentration of 19.7% methyl salicylate (as well as 14.4% menthol) in a specially prepared lanolin base to foster percutaneous absorption.

I. Lange, K., and Weiner, D.: J.
Invest. Dermat. 12:263 (May) 1949.

Baume Bengué

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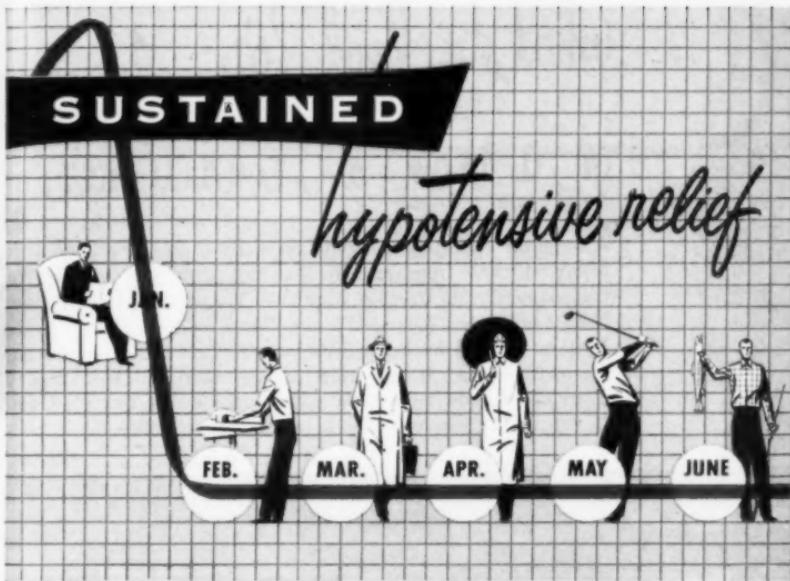
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through i-n-t-e-r-r-u-p-t-e-d RUTOL therapy

Goodman and Gilman* stress the importance of assuring continuous response to nitrite medication by: (1) "Employing the smallest effective dose to initiate therapy, so that . . ." (2) "the dosage may be increased as tolerance develops" and (3) "cessation of administration of nitrites for several days" to reestablish "the original degree of susceptibility . . ."

RUTOL

Suggested Rx Cyclic Regimen

1 One Rutol Tablet after each meal and at night, for 2 weeks.

2 Two Rutol Tablets q.i.d., for 1 week.

3 Use alternate medication for two weeks, returning to Rutol as before.

(Pitman-Moore Brand of Rutin, Phenobarbital and Mannitol Hexanitrate)

—combined mannitol hexanitrate is suggested small dosage, 16 mg. ($\frac{1}{4}$ gr.); phenobarbital, 8 mg. ($\frac{1}{2}$ gr.)—sufficient to be effective without danger of over-sedation; rutin, 10 mg. ($\frac{1}{4}$ gr. approx.) to help safeguard against capillary fragility.

PITMAN-MOORE COMPANY

Pharmaceutical and Biological Chemists
Division of Allied Laboratories, Inc.
Indianapolis 6, Indiana

*Goodman, L., and Gilman, A.: *The Pharmacological Basis of Therapeutics*, New York, The Macmillan Co., 1941.

what to look for in a room air conditioner

A room air conditioner should do many things beside cooling. Many of these requirements are not generally understood. Consequently, the average purchaser has no yardstick of value. Now, Carrier has prepared a new Buyer's Guide that gives you 18 points to look for before you buy. It will enable you to make a wise decision. It will help you get more for your money. Your Carrier dealer will be glad to show this Buyer's Guide to you in his showroom or bring it to your office.



**The beautiful Carrier Room Air Conditioner—
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What should a good room air conditioner do? The Carrier Room Air Conditioner does it! It keeps you cool. Wrings excess moisture from the air. Gives you draftless air circulation and ventilation. It keeps your office clean and quiet. It takes little space, is easy to install and operate. But be sure to get the right size! It's easy to do when you buy a Carrier, because Carrier gives you more models to choose from. Call your Carrier dealer. He's listed in the Classified Telephone Directory.

Carrier

air conditioning refrigeration

Sidelights

Younger Generation

He was a brilliant student, president of his class, a big man on campus, evidently with a bright future in his chosen field, medicine. During a fishing trip, one of his professors had a quiet talk with him. Why had he gone into medicine? Answer: Medicine looked lucrative. What did he want to do as a doctor? Get into the specialty that offered biggest fees. And the student added: "I hope to make a lot of money in a hurry. I'd like to retire in about ten years . . . "

Perhaps you ran across this disturbing vignette in one of Time's recent issues. Time called it typical of the younger generation.

We don't know about the younger generation, but we do know about doctors. The vast majority of those we've had anything to do with—even the young ones—do *not* put money first. It is discernibly secondary to the satisfaction that comes from doing worth-while work they like and have talent for.

What's more, we have news for the young student in question: A mercenary physician, no matter how professionally competent, eventually finds his patients drifting away. His personality begins to reflect his

money-happy bent; and pretty soon his reputation echoes it.

People aren't insensitive to these things. As a recent New York Times editorial said of the truly successful physician: "Skill and ability undoubtedly play their part, just as acumen does in business; but probably in no other profession is the confidence inspired by personality and reputation so important an asset as in medicine."

There's no room for a cash register there!

Doctors and Drugs

According to Frank Smith, chief of the New York State Bureau of Narcotics, a "staggering" number of physicians, pharmacists, and nurses are drug users. Fully 75 per cent of criminal cases involving medical personnel today result from narcotic addiction, he says.

The number of addicted doctors, however, appears to be far less than the term "staggering" would imply. In one state, only six out of 1,200 M.D.'s are known addicts—surely a small percentage when one considers the temptations that overwork and easy access to drugs provide.

Nevertheless, even one addicted doctor can cause opprobrium to fall

*soaks
up
toxins
like a
blotter*

RESION

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RESINAT—the ANION exchange resin. Inhibits pepsin.

Normalizes hydrochloric acid. Adsorbs acid in the stomach, releases it harmlessly in the alkaline small intestine. Indicated in PEPTIC ULCER.



NATRINIL—the CATION exchange resin. For sodium withdrawal. Indicated in CONGESTIVE HEART FAILURE, EDEMATOUS STATES, HYPERTENSION.

In diarrhea, and the nausea of pregnancy —

RESION is indicated wherever diarrhea, food poisoning or a generalized state of gastrointestinal toxicity exists.^{1, 2} It is a valuable adjuvant in the treatment of these disorders. It is also of definite benefit in gastroenteritis, flatulence,¹ mucous colitis, infantile diarrhea^{2, 3} and in the management of the nausea and vomiting of pregnancy.⁴

RESION is an extremely palatable suspension of special, insoluble adsorbent ingredients and is specifically designed to take up and remove from the intestinal tract, toxic compounds. The effect is one of selective adsorption and electrochemical attraction.

RESION adsorbs and inhibits the action of many of the products of putrefaction in the intestinal tract and removes substances of endogenous bacterial origin, as toxins.^{1, 2, 5, 6}

RESION'S individual constituents exert a mutually additive action:^{— 6, 7}

Polyamine methylene resin adsorbs toxic bacterial metabolites, such as indole and skatole, and also guanidine, histamine and tyramine.

Sodium aluminum silicate adsorbs the toxic amines—tyramine, cadaverine, histamine; putrescine, guanidine, also indole and skatole. It inhibits the action of lysozyme.⁷

Magnesium aluminum silicate adsorbs lysozyme,^{1, 5, 6, 7} cadaverine and other amines resulting from putrefactive processes.

How supplied: **RESION** is supplied in a palatable vehicle:

Bottles of 4 and 12 ounces.

RESION

¹ Rollins, C. T., to be published.

² Joslin, C. L.: Del. St. Med. J. **25**:35, 1950.

³ Quintos, F. N.: Philippine J. of Med. **26**:155, 1950.

⁴ Fitzpatrick, V. P.; Hunter, R. E., and Brambel, C. E.: Am. J. Diges. Dis. **10**:340, 1951.

⁵ Meyer, K.; Prudden, J. F.; Lehman, W. L. and Steinberg, A.: Am. J. Med. **5**:482, 1948.

⁶ Martin, G. J.: Am. J. Diges. Dis. **10**:16, 1951.

⁷ Moss, J. N. and Martin, G. J.: Am. J. Diges. Dis. **15**:412, 1948.

 THE NATIONAL DRUG COMPANY • Philadelphia 44, Pa.

safe...dependable...effective

on the whole profession. State and local medical societies would do well to emulate the pioneer work done in North Carolina by the State Board of Medical Examiners. This board makes a detailed study of each drug-addicted physician, whether or not he has been convicted of any offense. "A reasonable degree of success" is reported from periodic checks on each man, and from efforts to help him break the habit. The board orders some medical licenses temporarily revoked; other doctors voluntarily give up their narcotics licenses to avoid temptation. Of eight physicians investigated in 1950, five are now doing well, and only one case has resulted in complete failure.

Such self-policing by the medical

fraternity may well prevent the unwelcome publicity and even tragedy that result when an occasional colleague succumbs to the drug habit.

Medical Business Bureaus

Now and again, some reader asks us to recommend a physicians' collection service in his area. This is, of course, a responsibility we must sidestep. What we can recommend, however—and herewith do—is that doctors looking for a business bureau alert to their professional needs address their inquiries to Mr. Carl King, executive secretary, National Association of Medical-Dental Bureaus, Inc., 701 Second National Bank Bldg., Saginaw, Mich.

Founded in 1939, the association

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Double Action*
**CHOLERETIC-
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MAIL THIS
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CHOLOGESTIN is indicated to promote the secretion and flow of bile in cholecystitis, cholelithiasis, biliary statis, biliary dyspeptic syndrome, and non-obstructive catarrhal jaundice.

The average adult dose is 1 tablespoonful in cold water p.c. For children, 1 to 2 teaspoonsfuls in proportion to age. TABLOGESTIN (Tablets of Chologestin), 3 tablets with water p.c. (equivalent to 1 tablespoonful Chologestin).

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"I coughed
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Syrup **SEDULON[®]** 'Roche'

non-narcotic—in place of codeine



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- On convenient 8 to 12 hour dosage schedule, Dramcillin-500 produces optimal therapeutic effect in most infections
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- fully effective with just 4 doses daily
- the only high potency, liquid penicillin-sulfonamide combination containing rapidly absorbed and highly soluble sulfacetamide

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- each tablet is equivalent to one tea-
spoonful of the above liquid form

With the addition of these three new preparations, DRAMCILLIN—one easily remembered name—now identifies an effective, palatable, and most complete group of products designed to meet every commonly encountered need of the physician in treatment with oral penicillin or penicillin-sulfonamides. White Laboratories, Inc., Kenilworth, New Jersey.

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One half million units of penicillin* per teaspoonful

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WITH TRIPLE SULFONAMIDES 250,000 units penicillin* with 0.167 grams each sulfadiazine, sulfamerazine, sulfacetamide per teaspoonful.

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TABLETS WITH TRIPLE SULFONAMIDES



Now! Castle "777" Autoclave beats boiling 4 ways!

- 1. SAFER!** Whenever you enter or expose the bloodstream, you need high temperature, pressure sterilization... because boiling doesn't kill spore-bearers or viruses! But Castle's "777" Speed-Clave — sterilizing at over 250°F. with 15 to 20 lbs. pressure— gets them all! And your patients get true sterilization safety.
- 2. FASTER!** "777" reaches spore-killing temperature in $\frac{1}{3}$ the time it takes a boiler to reach only 212°F. (7 minutes from cold start! Or 3 minutes if warm). Then it kills all microbial life quicker than boiling kills bacteria only.
- 3. EASIER!** You set the time and temperature desired. After that it runs itself without attention. 3 safety devices with water cut-off.
- 4. CHEAPER!** "777" is priced no higher than cabinet type boiler sterilizers! Save 40%: buy unsterile dressings, autoclave them in the Speed-Clave . . . also, your instruments last longer: less rust and dulling.

Attractive all-stainless steel, the "777" Speed-Clave uses current only when autoclaving. Hence saves electricity and lessens heat and steam in the office.

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It is the secret of the "777" success because it keeps total weight down to 15 lbs., allowing high speed and low cost.

*Bibliography and reprints on request.



Castle LIGHTS AND STERILIZERS

now has 147 member bureaus in thirty-eight states. Seven are so-called Type A members—bureaus owned and operated by local medical societies.

Type B members include eighteen bureaus owned by their doctor and dentist clients, usually on a non-profit basis. The remaining 122 Type C member outfits are privately owned.

Society-operated bureaus are few, reports the association, because they open the parent society to the danger of being tabbed as a business organization for tax purposes. Cooperative bureaus avoid this risk, yet work closely with local societies and are subject to virtually the same degree of professional supervision. As for the Type C members, many of them maintain service standards as high or higher than those of some of the A and B members, the association reports.

The only activity common to all member bureaus is collections; and thirty-six confine themselves to this. The rest offer one or more other services, principally phone-answering, tax work, and centralized book-keeping.

Naturally, quality of service varies—among the C bureaus particularly. This is a fact to bear in mind if the association passes along to you, on request, the name of a member in your locality. In any case, however, it will be a bureau belonging to an organization working constantly to upgrade ethical standards in a realm that has sometimes lacked them.

Carmethose® liquid

controls antibiotic nausea

Permits intestinal absorption of the antibiotic
Does not interfere with therapeutic blood levels

Mild mint flavor

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Clinical studies at Michael Reese Hospital, Chicago, and at the Mayo Clinic proved CARMETHOSE Liquid to be notably successful in suppressing "g-i" upsets from oral antibiotics.^{1,2}

In comparative tests, CARMETHOSE had no significant effect on antibiotic blood levels, but aluminum hydroxide gel prevented adequate absorption of the antibiotic.

CARMETHOSE has no side-effects³
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CARMETHOSE Liquid is a 5% solution
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1. Greenspan, R., MacLean, H., Milzer, A., and Necheles, H.: Am. J. Dig. Dis. 18:35, 1951.
2. Parsons, W. B., Jr., and Wellman, W. E.: Proc. Mayo Clinic 26:260, 1951.
3. Necheles, H., Kroll, H., Bralow, S. P., and Spellberg, M. A.: Am. J. Dig. Dis. 18:1, 1951.

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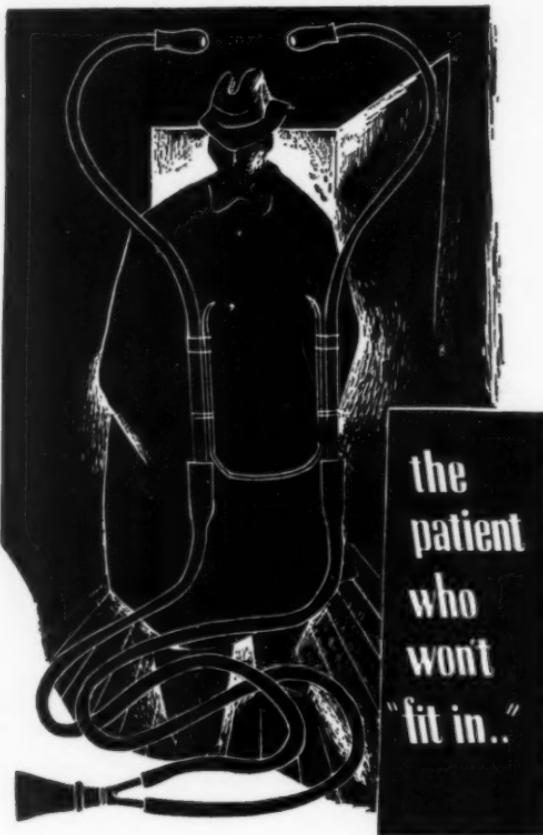
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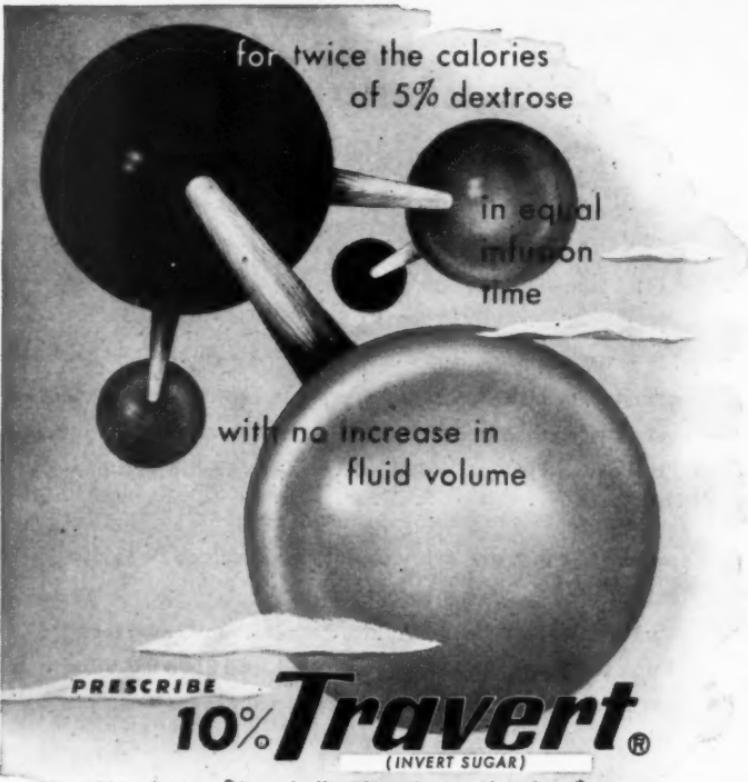


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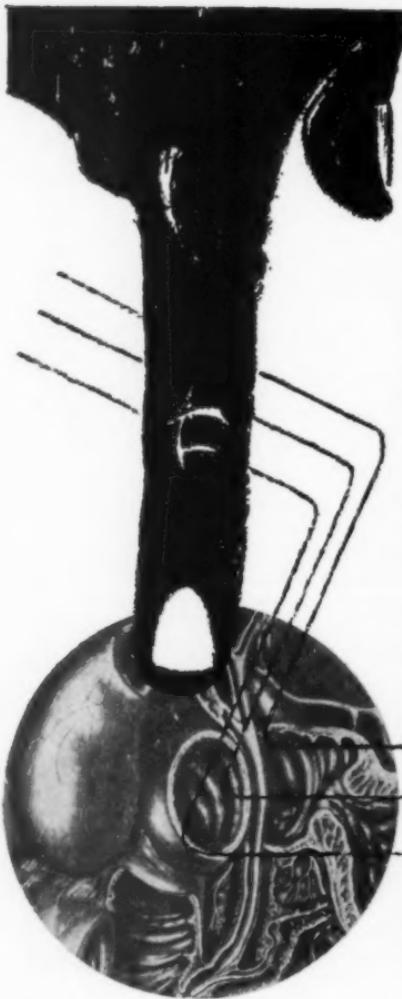
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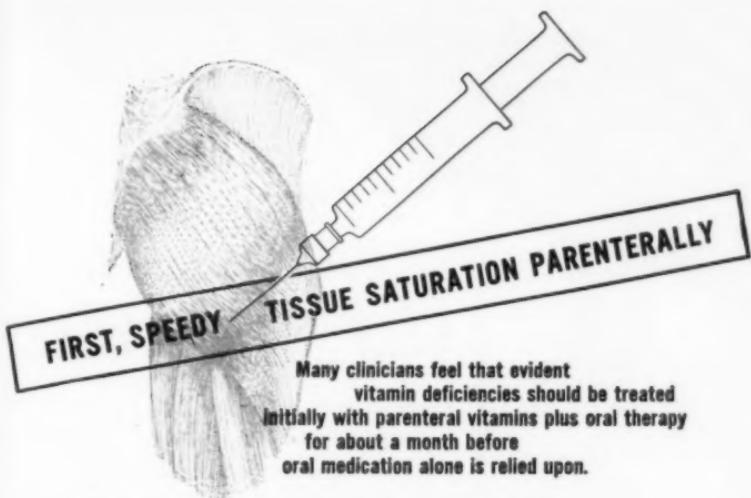
*Rehfuss, M. E.: Penna. Med. J. 42:1335, 1939.

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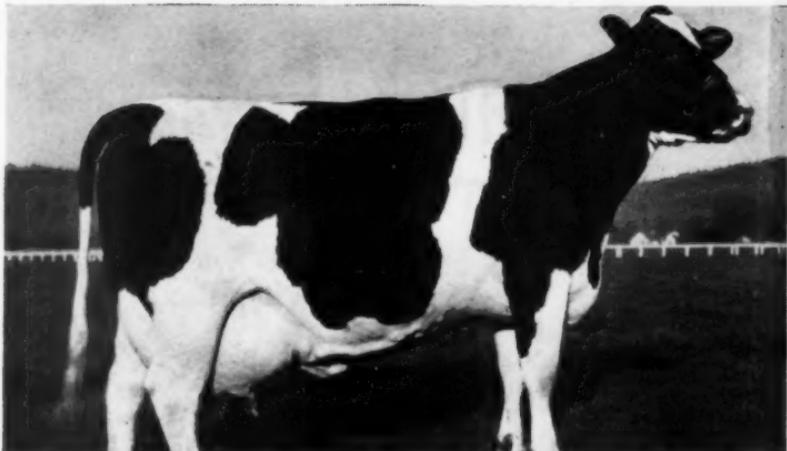
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Editorial

First Year of Grace

• Thirteen months ago, soon after the 1950 national elections had killed off all chances for compulsory health insurance in the immediate future, this magazine summed up the outlook in these words:

"... Thus medicine is given two years of grace—two years to accentuate the positive, to extend and improve the voluntary plans, to clinch its case through action as well as through words. Once before (in 1946), when faced with a similar opportunity, we frittered it away. This time let's do the job right. It's the only sure death sentence for Ewingism."

Elaborating on this theme in a subsequent speech to doctors, the A.M.A.'s George Lull said: "I agree, emphatically . . . 1951, in my opinion, should be regarded as only the first half of a two-year grace period—and two years is not a very long time . . ."

According to these calculations, then, our first year of grace is over. What have we accomplished during that period? How much more remains to be done?

Consider, as a starter, our efforts to *extend and improve the voluntary plans*. The best estimates are that

well over 80 million Americans (perhaps as many as 85 million) now carry hospitalization insurance. Some 60 million are also insured against surgical costs; some 25 million, against medical costs.

These figures reflect a tremendous achievement, and we can be proud of the part our own Blue Shield plans have played. But sheer numbers should not blind anyone to the serious gaps in coverage that remain:

The truth is, the average health policy offers little protection against extra-heavy sickness costs. Even our Blue Shield plans, which should be taking the lead in providing "catastrophic coverage," have lagged behind. Nor have they done enough to extend their benefits to old people—many of whom are actually barred from such plans once they turn 65.

Until we clear up such trouble spots, we won't really have proved that voluntary health insurance can meet the nation's needs.

What about our profession's other efforts to *clinch its case through action*? Well, during the past year we've added appreciably to our public service activities. As a result, nearly 500 medical societies now have grievance committees, where any patient with a complaint against

his doctor can get it promptly investigated. And nearly 400 medical societies now have emergency-call plans, assuring all local citizens of round-the-clock medical service.

But here again, don't overlook the seamy side. Of the 2,000 county medical associations currently active in the U.S., nearly half are probably large enough to support programs of this type. So the figures suggest that we're only 50 per cent effective in giving the public what it wants.

The same story could be told on other fronts. We've beaten down various Federal subsidy proposals, but we haven't yet shown that voluntary methods render them unnecessary. A prime example is the finan-

cial support of our medical schools, to which far too few doctors have contributed.

The most neglected problem of all, perhaps, is indigent medical service. In some counties, such patients are cared for promptly and without stigma. Elsewhere the system is makeshift, haphazard, or unjust. We could well give top priority to a sounder medical system for people who can't afford private fees.

All of which indicates that, though we've come a long way in the past year, we still haven't clinched our case. That's a job for all of us in the months ahead. *This time let's do the job right!*

—H. SHERIDAN BAKETEL, M.D.



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How Tax Men Track Down Evaders

Doctors' tax returns suspect?

**Yes—like those of all
self-employed businessmen**

• For years, doctors have suspected that their Federal income tax returns are singled out by the Bureau of Internal Revenue for the magnifying-glass treatment. Perhaps there's more truth than fiction in this.

Not that the bureau has it in for M.D.'s or for any other group. Its main interest is to catch the errors that account for an estimated \$1 billion a year in uncollected income taxes. But the bureau just doesn't have the manpower to check all returns carefully. So its agents hunt for errors in the likeliest places.

One likely place, they feel, is the doctor's return. Since he gets his income from many different sources, there's plenty of room for honest errors. There is also, in the case of those few so inclined, plenty of room for falsification. In the past, a small but impression-making minority of physicians have made large errors on their income tax returns. Whether through gross negligence or downright dishonesty, these men have helped to strengthen the naturally

suspicious character of tax inspectors.

Every profession and trade has its share of shady practitioners. Medicine's share is certainly no larger than any other group's. But it takes only a few to make things tough for the rest.

Two years ago, for example, revenue agents discovered that a southern physician had understated his income by \$52,000. This prompted them to make careful investigations into the returns of ten other local doctors. Fortunately, these men had complete and accurate records and were able to prove that their returns were in good order.

How do revenue agents discover a defection in the first place? Well, for one thing, they're not unlike detectives: They're always on the lookout for clues. And in their routine auditing of income tax returns, they're bound to run across a few.

Thus, in spot-checking a midwestern doctor's return recently, one agent was impressed by the large sums he'd spent on the purchase, remodeling, and furnishing of three luxurious homes bought and sold over a six-year period. The doctor's income seemed pretty small for such

By Roger Menges

money-consuming transactions. So the agent investigated.

The practitioner, it turned out, had reported considerably less income than he had earned. As a result, he was assessed \$118,000 in back taxes, interest, and penalties. He now faces possible criminal prosecution.

From Wagging Tongues

Frequently the tip-off comes from an acquaintance of the physician whose return is out of order. Examples:

¶ An East Coast physician, while chatting with a friend in the hearing of a revenue agent, casually mentioned the name of a colleague who had boasted about his ability to juggle income tax figures. The colleague turned out to be no idle boaster. He had neglected to report a large part of his income and was later assessed more than \$40,000.

¶ A Missouri doctor became so rattled under the questioning of a tax agent that he made a complete confession of his tax deficiencies. He also provided hints that led to the discovery of large errors in the returns of two other M.D.'s.

¶ An Illinois doctor's wife remarked at a cocktail party that her husband "knew all the angles" when it came to income taxes. A bureau collector overheard and promptly fine-combed the doctor's returns for several years back. Result: an \$81,000 assessment in unpaid taxes, interest, and penalties.

Sometimes coincidence plays a strange part in putting the finger on tax delinquents. A Washington physician out on a night call insisted that his patient pay the \$15 fee on the spot. Since the lady was short of cash, he finally agreed to take a check, but specified that it be made out to "Cash." The patient mentioned the incident to her husband—who happened to be a revenue agent.

Acting on a hunch, he traced the check and found that it had been cashed without endorsement at a neighborhood gas station. His suspicions aroused, he started an investigation that turned up a \$50,000 understatement of income over a three-year period.

Breaks for the Agent

Once on the trail of a tax dodger, how does the revenue agent clinch his case?

Occasionally, Lady Luck gives him a helping hand. One western practitioner, for example, told an investigating agent that he used a "double-entry bookkeeping system." Apparently to this physician "double-entry" meant two sets of books—a fictitious set for income tax purposes and a factual set for his personal use. The case broke wide open when his nurse mistakenly showed the agent the wrong set.

Usually it's not quite so simple. To get a line on the size of a doctor's patient load, the agent may make discreet inquiries among the doctor's

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colleagues. Or he may have to spend a few days in actually observing the practice. To check on fees, he may even go so far as to interview the doctor's patients.

How Much Is He Worth?

Whenever possible, the agent makes a net worth analysis. In the process, he estimates how much the doctor's net worth (savings, investments, property) has increased in value over several years. If the increase is out of proportion to what the doctor could have saved from reported income, something may be amiss.

Often the taxpayer's own records yield clues about his net worth. Bank accounts are also revealing. Banks and other organizations regularly report large currency transactions to the Bureau of Internal Revenue. Thus, in one recent case, the bureau followed up several such leads and found that a physician had tried to conceal his true net worth by depositing \$36,000 in twelve different savings accounts.

Once the agent has estimated the tax deficiency, he assesses back taxes, plus interest of 6 per cent and penalties of from 5 to 50 per cent. (For flagrant violations, he may also recommend criminal prosecution.) The taxpayer can appeal this decision to the local Internal Revenue office and thence to the Tax Court. But without complete and accurate records, his chances of getting the decision changed are slim.

Inadequate record keeping, by the way, is the standard excuse* given for most faulty returns. In the eyes of the Bureau of Internal Revenue, it's a poor apology—even though the taxpayer is an honest but careless man.

Being "too busy" to keep adequate books is seldom a convincing reason. True, it was accepted in the case of an Ohio physician who was so overworked during the last war that his bookkeeping went to pot. He eventually managed to get his books straightened out, filed amended returns for the war years, and paid additional taxes of about \$44,000. The Bureau of Internal Revenue assessed a fraud penalty and was upheld in Tax Court; but when the doctor appealed the decision, the Court of Appeals cleared him of the charge of fraudulent intent.

This case is of course exceptional. Only by keeping good records can the average doctor avoid embarrassment. Like all self-employed professional men, he must be prepared for careful scrutiny by revenue agents.

And like other professional men in the public eye, he can expect unfavorable publicity when an occasional colleague runs afoul of the income tax people. Distasteful as such publicity may be, it's part of the weeding-out process that's eventually a service to both medicine and the country. END

*Another interesting excuse given by a Kentucky doctor: "I wanted to conceal my true income from my wife."



How They're Getting

More Doctors for Rural Areas

● Like a great many Americans since 1900, doctors have taken to settling in cities. Result: Of the 42,000 communities with more than a hundred residents today, 27,000, or nearly two-thirds, don't have physicians of their own.

Take the case of twenty typical rural counties in Missouri. From 1912 to 1950 these counties saw their doctors dwindle in number from 539 to 158—a 68 per cent loss. What's more, of the M.D.'s left, better than one-third were over 66 years old.

Nor is Missouri unique. In rural Kansas not long ago, no less than 77 per cent of the physicians were found to be past the half-century mark. What's needed is not only more rural doctors but more young blood.

Luckily, in at least a few enterprising states, impressive gains have been made in routing M.D.'s back to the small towns. In a two-year period in Texas, for example,

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145 physicians were placed in doctor-shy communities. In Kansas, some sixty-seven doctors have been added to towns of under 2,500 during the past three years. When the Mayors of once-doctorless Kansas towns were queried recently, only five still said they needed M.D.'s.

The point is: In states where success stories can be told, there's inevitably a placement service hard at work. And where rural towns are competing successfully with the cities for G.P.'s, the placement service isn't alone in bringing in the M.D.'s.

To do a tough job, state medical societies are joining hands with medical school deans, farm agencies, and the communities themselves. Most important, these campaigners are baiting the hook for potential country practitioners with an ingenious assortment of new lures.

To Dr. Franklin Murphy, energetic young chancellor of the University of Kansas, modern medical facilities are what count most in the rural recruiting job. "Make the community a magnet to draw young practitioners where they're most needed," he says. "You can then take down those 'Doctor Wanted' signs."

Citizens of Elk Horn, Iowa (pop. 486), which for many years had no resident M.D., raised \$4,000 in cash,

By James Fuller

borrowed some more, and built a small medical center. They offered it to any M.D. who would locate there. Elk Horn got its doctor.

"Getting the community *ready* for a doctor is our main job in Kansas," says Oliver E. Ebel, executive secretary of the state medical society. "And community self-help is the means."

The self-help principle has, in fact, taken hold throughout Kansas. Of eighty small hospitals built recently in that state, only 30 per cent accepted Federal aid (through the Hill-Burton Act). Yet elsewhere, Hill-Burton construction grants bulk large in getting rural hospitals built to attract new M.D.'s.

House and Fete Him

Other U.S. communities go beyond the medical center build-up and virtually establish the doctor in practice. In Merillan, Wis. (pop. 600), business men raised \$4,000 by popular subscription, paid \$500 down on a combination house and office, bought a car, and banked the rest for the doctor to draw on till he made expenses. Then they sent scouts to board meetings of the state medical examiners to button-hole examinees. Within a few months, Merillan had a physician.

These gravy-train tactics work in Iowa, too. State medical society officials say: "Communities that really wanted a doctor and that provided good facilities for him have been able to get one." In a recent eight-

month period, fifty-nine M.D.'s located in rural sections of that state.

There are many simple ways for a doctorless town to put its best foot forward. Wisconsin communities, for instance, find that the prospect of good hunting and fishing is often a potent come-on for doctors. Virginia's placement service (the only one run by a health council rather than by a medical society) makes a special effort to collect school and recreational data.

Indiana's Dr. F. S. Crockett, chairman of the A.M.A. Council on Rural Health, adds another thought: "Whether the doctor stays in a small town is often determined by his wife. It's important to find out what the community has to offer her."

Of course, before an M.D. heads voluntarily for the wide open places, he's got to have a yen for country practice implanted in him. That's where such primary inducements as scholarships and preceptorships come in. The general idea is to expose the young physician to country practice, either on his own for a compulsory period or under the wing of a G.P. as part of his basic training. The hope is that once exposed, he'll take to it and stay out of the cities.

Most extensive of the scholarship projects so far is Mississippi's. After agreeing to practice in rural Mississippi for stated periods after graduation, 300 Mississippi students in twenty-two U.S. medical schools have been given these state-

Too Many Rain Makers



granted scholarships. Already sixty-seven of the 300 are practicing (or serving military time); another sixty-six are now interning and will be rusticating in a year or two.

If you send a promising country boy through medical school, will he make a willing country doctor? Illinois is banking on it. The state medical society and the Illinois Agricultural Association have put up a \$100,000 loan fund for the purpose. As a result twenty-eight medical students are now obligated to rural practice until they repay their low-interest loans.

Virginia, which offers fifty scholarships to entice young medical men into rural practice, adds rotating internships for good measure. Putting internes into small rural hospitals for part of their training exposes them not only to country doctoring, but also to country girls. If the beginning doctor meets and marries a local belle—and many have succumbed—he has one more incentive to set up in a small town. At least that's what Virginia figures, and its idea shows signs of paying off.

Even before he graduates, a student's interest in rural medicine can be whetted. In Kansas, as well as in Wisconsin and other states, preceptorship plans have turned many a young man's fancy to thoughts of country practice.

Senior students in such states serve for several weeks as on-the-spot assistants to G.P.'s. And in Kansas, by design, the G.P.'s they

work with are all located in towns of 2,000 or less.

For the new doctor, there may be hidden hazards in a town's eagerness to put out the red carpet. Half the people in one Ohio town raised money to stake a newcomer. But after he arrived, it turned out that they expected favors (waiting room priority, for one thing; lower fees, for another).

A more far-sighted Missouri practitioner borrowed his capital privately after turning down a subsidy arrangement. He didn't want to be indebted to the whole community.

Kansas medical officials, who frown on direct subsidies of this kind, say: "The town should supply the facilities; the doctor should pay for them."

Of course, ulterior motives don't always show up in a town's plea for medical service. But they're often there, and they can make trouble for an unsuspecting doctor. Some requests originate with townspeople who don't like the doctor they have. Or, as happened in Nebraska, one druggist in a two-druggist town may want another M.D. to boost his prescription business.

Sometimes a petition for a doctor can be traced to an individual who owns a building in which he'd like to rent the doctor space. Conversely, the fact that local doctors pooh-pooh the need for another G.P. may camouflage a dearth of medical service; perhaps, as some state so-

[Continued on page 169]

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What Happened at Los Angeles

***Here are seven keys to
organized medicine's plan
of action for 1952, as
drawn from the A.M.A.
delegates' latest session***

• What happened at Los Angeles? Well, there were the usual high-flown pronouncements—the sort of thing A.M.A. delegates have come to expect. But behind many an oratorical flourish lay a significantly down-to-earth story. The following seven add up to a New Year's garland of resolutions that may affect every medical man in 1952:

The speaker was young, intense, vividly blond. Said Donald R. Wilson, national commander of the American Legion: "You doctors must be the watchdogs of American health. You cannot afford to have a Government bureau point to any medical problem that you have not already thoroughly considered and come up with an answer to . . ."

One problem that several Government bureaus have been pointing to is the care of servicemen's dependents. There's been talk of a new Federal medical program along the lines

of E.M.I.C. (the Emergency Maternal and Infant Care Program of World War II). Last month, taking Legionnaire Wilson's tip, the delegates came up with their answer. It was a startler—something that, a few years ago, they might have denounced as incipient socialism.

In brief, they invited the Government to enroll servicemen's dependents in existing medical prepayment plans. And who would pay the premiums? None other than Uncle Sam.

Resolved the delegates: "Dependents of members of the armed forces at times need medical care under circumstances that involve financial hardship, lack of adequate governmental facilities, or both . . . If, in the independent judgment of the Department of Defense, or Congress, the welfare of our preparedness program requires that dependents of members of our armed forces receive medical care on a service basis, then the medical profession stands ready to provide such service through Blue Shield and other medical society sponsored plans."

What will come of this bold offer? Neither Blue Shield people nor Defense officials are yet ready to say. Its real importance may lie in the

By R. Cragin Lewis

pattern it establishes. In the opinion of some delegates, at least, this might also be applied in such other fields as medical care for indigents.

* * *

The mellow tones of Dr. John W Cline, A.M.A. president, contrasted disarmingly with the words he was reading: "The events of the past few years have shown us that we may not have been as conscious of our faults as we should have been. A good grievance committee . . . is the best method of dealing with the small percentage of the profession who are guilty of exorbitant charges. We have no place in our medical organizations for the chiseler or the fee gouger . . ."

The story behind this pronouncement concerns jacked-up health in-

surance fees. It was a resolution introduced by Dr. George Braunlich of Iowa that brought the matter into the open:

"It is self-evident," said his resolution, "that to increase medical or hospital fees because a patient is covered by insurance is unfair, discriminatory, inflationary, and contrary to fair play . . ." The A.M.A. was asked to make it very plain that "it is unethical for a physician to increase his fee because that fee is paid by an insurance company, directly or indirectly."

This point, the delegates decided, was already covered by the Principles of Medical Ethics. Besides, some men feared the "poor publicity" any new statement on the subject might bring.

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It's quite clear, however, that new pressure will be brought to bear against this particular form of fee gouging. Thus local grievance committees expect to give substance to Dr. Cline's plea.

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The speaker's temper was beginning to rise, along with that of the house. "There's no uniformity of opinion on what should be done," cried Dr. C. M. Hamilton of Tennessee, "but we're all agreed that something must be done. We want a strong committee that will get some action on this!" He was talking about the V.A.'s indiscriminate extension of free medical care to almost everyone who asks for it.

A.M.A. policy-makers have talked about this problem for two full decades. Resolutions have come and gone, all without avail. But some exceptionally pointed comment in the House of Delegates last month made it likely that we'll see a new, all-out effort to clamp the lid on veterans' medicine.

For the prolonged failure to take effective action, some delegates sharply criticized the A.M.A. Board of Trustees. And Dr. Harrison H. Shoulders of Tennessee, a long-time leader in the curb-the-V.A. campaign, felt it necessary to deny publicly that his interest was based on "revenge" or on his "having lost an important patient to the V.A." These charges, he said, were being bandied around A.M.A. headquarters by men unsympathetic to his approach.

In view of this open needling, the A.M.A. may soon produce what the delegates want: an action committee at the policy-making level to meet with similar groups in veterans' organizations, hospital associations, government circles, and such.

Their task won't be easy. As pointed out by Dr. Joel Boone, chief medical officer of the V.A., its hospitals are required by law to admit any veteran who signs a statement to the effect that he's unable to afford private care. Even when such veterans are known to carry private health insurance, the V.A. must take them in (if there's room—and the V.A. keeps building more hospitals to make more room).

Thus new legislation may be needed. And Congress, hypersensitive to the voting power of some 20 million veterans, can be counted on to move warily, if at all.

But America's medical men—at least as represented in the House of Delegates—seem to be running a fever on this issue. Typical comment: "We've got socialized medicine right now within the framework of the V.A., and the framework keeps getting larger."

All of which led one delegate to predict, at the close of last month's session: "If these sentiments don't result in some sort of action, nothing ever will."

* * *

"There can be no exploitation of the doctor or of the hospital if every-

[Continued on 175]

'Sorry, the Doctor Is Busy Now'

The 'busy' signal may be a symptom of professional success. But it makes for disastrous patient relations, as this opinion poll shows

● Are physicians getting too busy to give good medical care? Are they letting their hurry-hurry schedules turn medicine into an impersonal "mass production deal"?

Around Decatur, Ill., some laymen think so. They say that because the doctor is so busy,

¶ He's disinclined to make house calls;

¶ His examinations and treatment are superficial;

¶ He lacks interest in the patient as an individual;

¶ He makes people wait interminably in his reception room;

¶ He tends to sidestep his civic duties.

These signs of dissatisfaction were found in a recent survey of lay attitudes toward medicine. In Decatur and in surrounding Macon County (pop. 100,000), the A.M.A. at the request of the local medical society interviewed 300 urban and rural residents.

The interviewers (two laymen) found that in general a healthy majority approve their 104 physicians, their medical care, even most of their doctors' bills. But the survey didn't end there. What people said off the tops of their heads about doctors was recorded verbatim.

Among the brickbats was many a bouquet. And vice versa.

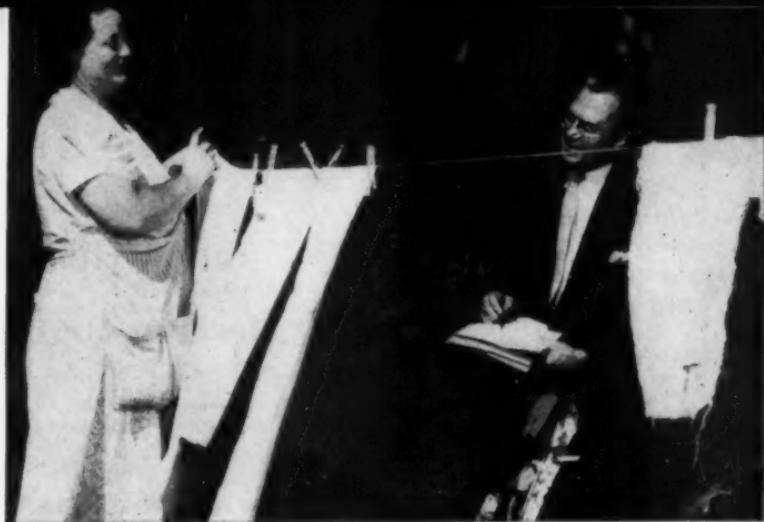
Overbusy doctors were a favorite target of the complainers. Their question seemed to be: How busy can a doctor get—and still be a good physician and citizen?

Most Decatur people still accept the doctor's busyness as a valid alibi for any shortcomings. ("He's so busy, he has to hurry you.")

Yet some feel that "busy," as an escape word, is beginning to wear thin. ("Some doctors try to take on more patients than they can possibly handle.")

What about the doctor's availability for house calls? ("Oh, he'll come if it's really necessary. But few doctors now go out as readily as they used to" . . . "One M.D. told me that if we wanted a doctor to come out and see us, we should go some place else" . . . "No, my doctor won't come out—but he sends me medicine.")

By John Byrne



"How do you do? My name is Larry Rember. I'm making a survey on behalf of the Macon County Medical Society. I'm not a doctor, so you can speak frankly to me . . ." Here the A.M.A. field man questions Louise Reeter.

How promptly does he answer such calls? ("Well, he comes as soon as possible, but he's awfully busy" . . . "There aren't *enough* doctors like *my* doctor. He comes as soon as he can pull his pants over his pajamas" . . . "If I call in the morning, it's often not answered until night.")

Does undue busyness lower the quality of a doctor's service? ("It sure does. They can't spend enough time to find out what's wrong with you" . . . "They haven't time to listen to you. And when they're in such a hurry they can't explain things to you" . . . "I just wish they weren't quite so busy. Sometimes you forget to tell them all the things you'd like to.")

Are physicians interested in their

patients as individuals? Most Decaturites surveyed think they are—at least moderately. Yet quite a few are doubtful. ("The majority of doctors are just too busy to be really interested. They refer to you as 'cases' rather than as humans" . . . "He never knows me from one time to the next.")

Are office patients taken care of in a reasonable time? About 77 per cent of the people interviewed said they were. But that still left 23 per cent discontented.

Significantly, it was the community leaders interviewed who accounted for the greatest number of complaints. ("The waiting disgusts me" . . . "Once I had to wait five hours" . . . "I waited all afternoon—

even with an appointment" . . . "I now pay a couple of bucks more and have the doctor come to the house" . . . "I'd rather stay home and die than fight through his office conglomeration" . . . "I got off work two hours and still wasn't taken care of" . . . "You just sit and sit and sit and sit."

When it comes to cooperating in civic enterprises, some doctors show up well, some don't. Even if they don't, their "busy" reputation stands them in good stead. Their fellow townspeople make excuses for them. ("I guess they're too busy" . . . "They've got so many patients they just can't spare the time to do anything for the community.")

These are old gripes on old themes. The point is, they're being voiced today—in Decatur and elsewhere—under the breath, to friends, and now to interviewers. They don't apply to all physicians; nor do all patients make them. But there's still ample evidence that too much busyness can fray a patient's nerves almost as quickly as it can his doctor's.

The popular picture of the doctor—overworked, harassed, dog-tired—may be one to evoke public sympathy. But it doesn't necessarily inspire confidence. Too often it suggests bad management.

In any case, one Decaturite offered a tip for busy doctors to ponder:

"I know they're rushed. But I wish they wouldn't make you feel you are." END

Voluntary Health Protection Zooms

● Pessimists who insist that the voluntary health insurance plans have about reached their saturation point, had better cast an eye at the accompanying graph.

It shows that the biggest annual enrollment gains in all three fields of voluntary health protection were made in the last recorded year, 1950 (more recent figures not yet available).

The 1950 gains:

Medical coverage: 4.7 million people. (Biggest previous increase: 4.0 million in 1948.)

Surgical coverage: 13.3 million people. (Biggest previous increase: 7.8 million in 1948.)

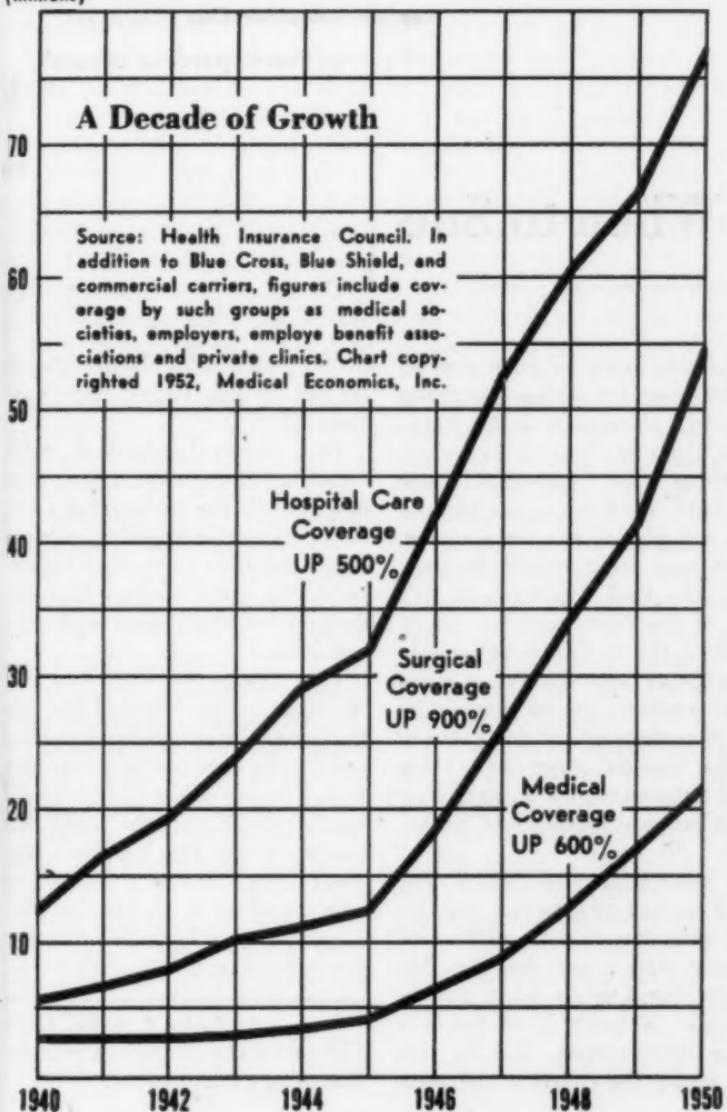
Hospital coverage: 10.9 million people. (Biggest previous increase: 10.5 million in 1947.)

The 1950 achievement—helped along by the A.M.A. education campaign, by prepay-plan promotion, and by political threats—shows what results a concerted effort can bring.

People
covered
(millions)

A Decade of Growth

Source: Health Insurance Council. In addition to Blue Cross, Blue Shield, and commercial carriers, figures include coverage by such groups as medical societies, employers, employee benefit associations and private clinics. Chart copyrighted 1952, Medical Economics, Inc.



Before you try to collect bills via the law courts, consider this check-list of ten important 'whens'

When to Sue

• A doctor friend of mine stopped in the other day with a September MEDICAL ECONOMICS in his hand. "Les," he said, "you've always advised me to sue a patient if I knew he could afford to pay the bill and was just playing me for a sucker. Now, read this comment on page 227. Dr. Paul Hawley—and he's one of the most respected physicians in the country—says: 'My grandfather and my father practiced medicine in one community for more than ninety years. Never in that time did either one of them send a statement to a patient. They must have lost thousands of dollars. Yet . . .'"

I knew what was coming. The good doctors prospered anyway, and when they died the whole community came to pay devotion. My doctor friend gets a warm glow at the idea of being loved the way those doctors were. But he gets hot under the collar at the pros-

perous patient who blandly ignores his bill. Which feeling should he cater to?

I'm a counselor-at-law, not a counselor on etiquette. I can't pass judgment on the public-relations or ethical aspects of litigation with patients. But from an outsider's viewpoint, it's quite obvious that the doctor must weigh these main pros and cons:

PRO: The doctor who sues will, of course, "collect more of his bills than one who shrugs his shoulders and forgets it. A suit may also produce a certain amount of emotional satisfaction: It tells the world that the doctor won't be imposed upon, won't cringe before a free-loader who can afford to pay his own way. A suit can even help the profession generally—since the patient who

By Leslie S. Kohn, LL.B.
The author is a former editor of the New Jersey Law Journal.

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escapes payment because of one M.D.'s reluctance to sue not infrequently takes advantage of some other M.D. later on.

CON: The doctor who starts litigation may find that the patient is thus encouraged to file a malpractice claim by way of reprisal. Then too, a suit may expose the M.D. to a certain amount of gossip that he's a cantankerous, money-happy character. Finally, in these days of sensitive public relations, a suit—if widely and unfavorably publicized—can even backfire on the profession at large.

These are factors that every doctor must weigh for himself. The *wisdom* of starting suit, I always leave to him. The *timing*, however, is another matter—and one where the physician needs legal advice.

Litigation to collect a bill is generally in order:

¶ When the patient can afford to pay without hardship.

¶ When the doctor can produce office records that support the bill.

¶ When the doctor can justify the size of the bill by comparison with fee practices in his community.

¶ When the patient's general condition after treatment is satisfactory.

¶ When the persuasive powers of an ethical collection agency have been exhausted, and the agency advises suing.

¶ When the patient has been given ample warning of the doctor's intention of collecting legally.

¶ When the patient (or defendant) is not judgment-proof.

¶ When the defendant is legally liable for the services rendered to the patient.

¶ When the statute of limitations has ruled out any possible malpractice action.

¶ When the doctor is not bubbling over with indignation or in a "he-can't-do-that-to-me" frame of mind.

The experienced practitioner ticks off these ten "whens" before he plunges into litigation. Only if all of them are in his favor does he instruct his attorney to file suit. Contrariwise, if any of these factors is clearly adverse, he postpones formal legal action, perhaps even writes off the account.

One thing *not* to worry about is loss of time attending courtroom sessions. Chances are, the doctor won't be required to appear personally. Nine out of ten suits for medical fees, in fact, are uncontested by the debtor.

The statute of limitations angle may be a bit tricky. If the doctor negligently damages a patient, that is a "tort." If the patient fails to pay his bill, that is a "breach of contract." Generally, the statute of limitations is shorter for a tort than for a contract. It might, for instance, be three years and five years respectively. So if the doctor started suit four years after the service was rendered, he'd be well within the five-year limitation on contract

actions; but the patient could not counterclaim for malpractice, since the deadline for a tort action had passed. (The exact time periods, of course, vary from state to state.)

There is one catch to this. In a few states, it has been held that when the doctor starts the suit, he waives his right to bar the malpractice counterclaim. The theory, as stated in one famous case: "When the plaintiff [doctor] commenced this action, he invited the defendant [patient] to take advantage of any infirmity that affected the transaction, even though the defendant [patient] would have been barred by limitation from instituting independent action."

Hence, before assuming that he is immune to a counterclaim, the doctor had better check with his own lawyer on the rule in his state.

What about the defendant's liability? The question may arise in circumstances like these: The patient is a child living with a mother or grandparent, while the separated father is the defendant. Or a domestic is treated at the request of the housewife. Or treatment is rendered to a wife living apart from her husband; to an employee at the request of the employer; or—in an accident, perhaps—to an unconscious patient. It takes a lawyer to steer through these shoals and determine who is legally liable for the bill.

Before a trial begins, no litigant can see any merit in his opponent's

case. It seems crystal-clear to him that truth and justice are on his side. As a result of this psychological blind spot, the doctor embroiled in bill litigation assumes that the patient will have no defense—except maybe "I don't feel like paying this bill."

The physician may be shocked to discover how loud (if not how sound) a case the defendant can put up. Here, for example, are seven common defenses that the doctor must be prepared to meet:

1. Results were bad.
2. Statute of limitations has expired on the contract action.
3. Number of visits was fewer than itemized on the bill.
4. Services performed were not those promised. (For example, the doctor may have said: "You'll feel better after three or four injections." Patient did *not* feel better. It is often alleged that the M.D. implied a cure and failed to produce it.)
5. Doctor failed to give patient any idea as to cost. (Example: Patient came to office, prepared to pay regular fee. Doctor gave injection of a new antibiotic. When he got a bill for \$15 for that one visit, patient balked.)
6. Defendant is not legally liable. (He didn't authorize the service, or is not responsible for the patient.)
7. The fee is exorbitant. (Ultimately, this question must be settled by the jury.)

Not all these are sound legal de-

fenses; nor will they all be factually correct. But the defendant may raise them for nuisance value, if nothing else. The doctor must be prepared to demolish these defenses one by one.

Suppose the doctor wins his suit. Suppose the patient still doesn't send a check. What then?

The next steps open to the doctor are these: (a) He can garnish the defendant's wages; (b) he can execute a lien against his real estate; or (c) sometimes he can seize and sell some of the defendant's personal assets.

Garnishment of wages often causes the defendant to lose his job. Will that do any good? Seizure of personal assets may unexpectedly publicize the doctor as a latter-day Simon Legree. A real-estate lien may be expensive, unwieldy, and ultimately uncollectible. So the

method of collecting the judgment is best left to the lawyer who won the case.

If the timing is right; if none of the road-blocks to litigation are present; if the doctor is prepared to meet the suggested defenses; if the judgment is collectible without unpleasant publicity; then the doctor can go ahead and start suit under the pilotage of his attorney.

Surprisingly enough, a good many of the patients involved return to the same doctor, even after losing the litigation. And they generally return with renewed respect for a man who doesn't undervalue himself, who demands honest payment for work honestly done, who doesn't sell himself short.

These happy results occur, however, only after doctor and lawyer have started litigation when the timing is right. END

Dangerous Precedent

- When the motorcycle cop waved me over to the curb, my heart sank.

I'd been speeding, all right. For it's seldom I have even a Saturday afternoon off, and I was in a hurry to get home.

"A doctor, eh, ma'am?" he said, looking over my license. "On your way to the hospital?"

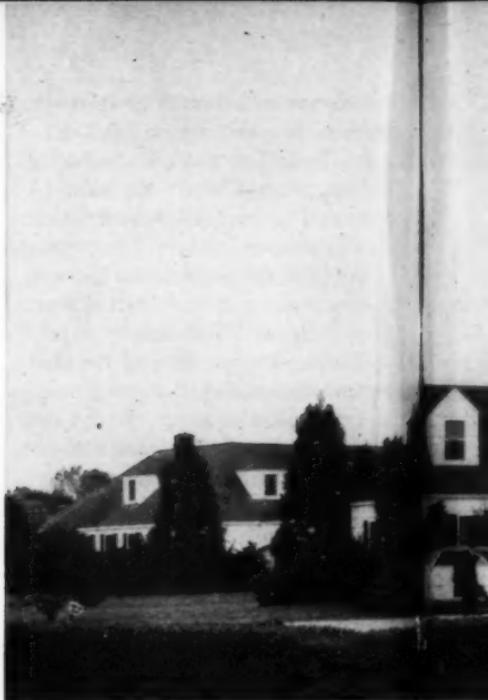
"No, just driving home," I admitted meekly.

"Well, I'll be . . .," he said. ". . . But I'm going to let you off anyway. You know, this is the first time in my 25 years on the force that I've stopped a doctor who wasn't hell-bent for an emergency operation!"

—M.D., CALIFORNIA

Young Man With an Idea

*'Big-city' medicine
in a rural setting*



● Say your living room were only 150 steps from your hospital, with your medical office in between. Chances are, you could get almost twice as much work done that way—and with a minimum of inconvenience.

It's no wonder, then, that during the last fifteen years a number of big-city M.D.'s have looked longingly at Dr. Donald R. Keller's clinic at Westhampton Beach, N.Y.—some

eighty miles from Manhattan.

There, hospital, office and living quarters are combined into a unique unit. The Keller clinic is, in fact, many a physician's dream-come-true: country living with most of the advantages of a metropolitan practice.

Just such a dream was young Don Keller's when, in 1934, he finished his residency in New York City and went to Westhampton Beach. This

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Donald Keller greets one of the twenty-six specialists who regularly visit his rural clinic. The right half of the clinic building contains living quarters for the Keller family. A modern 20-bed hospital is at the rear.

Long Island resort has a population of less than 1,000 in the winter, about 5,000 in the summer. The potato and duck country around it wasn't much like the Iowa farm land that Keller had left fourteen years before; but it *was* country.

Probably Don Keller would have been content to build up his small, one-man practice in the usual way had he not begun to miss one convenience of the city: the free ex-

change of ideas common to a large medical center. What the rural practitioner most needed, he decided, were specialists and consultants to fall back on when the going got rough.

There was a simple answer to the problem: Bring the specialists to the patients. But would specialists come to a small, out-of-the-way

By James G. Blake

Young Man With an Idea (*Cont.*)



A strong believer in consultation, Dr. Keller often meets specialists before the X-ray viewer. Here Drs. Keller (seated at left) and Merle hear the opinions of visiting M.D.'s Henry Mezzatesta and Charles Tainter.

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An ideal setting for "corridor conferences," this 150-foot stretch connects hospital and main building.



Equipped to do most types of surgery, the clinic's hospital strives to meet metropolitan area standards.

Young Man With an Idea (*Cont.*)



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The contrast between the modern clinic and its rural setting impresses the visitor immediately. At left, Don Keller stops at the village office to chat with Police Chief Stanley Teller. Above, he inspects a flock of chickens on his four-acre farm. The farm's produce keeps the hospital larder well stocked.

town? Perhaps—if they could be given adequate facilities.

When Dr. Keller broke ground for his clinic in 1937, there were some raised eyebrows around Westhampton Beach. Several well-meaning citizens, he recalls, advised him confidentially that he was "crazy to build such a big office."

But despite the public verdict of insanity, he was determined to give his idea a chance. He found a few other people who believed he was right, and pretty soon he had enough money to start on a \$60,000 office-and-living unit. Two years later, his backers, with growing confidence, advanced him another \$60,000 for a small hospital behind the clinic.

Today no patient at the Keller Clinic suffers from want of good medical advice. At the clinic's call are twenty-six consultants who make, in the aggregate, more than 2,000 visits a year to Westhampton Beach. Several of them are top-ranking New York City specialists.

Could the Keller idea lend itself to other rural areas? An answer comes from one of the Keller Clinic's most prominent consultants, a cardiologist:

"I think this type of clinic is the answer to the whole rural-medicine problem. It's what a rural set-up should be: a small but complete medical organization that can handle anything and everything. The patients I've seen there seem to

sense that they're getting as good medical care as they could get in a lot of big cities."

Last year, well over 22,000 patient calls were made at the clinic; and the twenty-bed hospital, a Blue Cross member since the 3-cents-a-day era, admitted more than 400 patients, nearly 90 per cent of them for elective surgery.

Averaging them over the year, Keller Clinic patients come at the rate of about sixty a day, seven days a week. They hail from farms and small industrial towns as far as sixty miles away. The clinic's busiest day: Sunday, when the farmer gets a rest from his chores.

Everybody Welcome

Each year the clinic and hospital give about \$15,000 in free care. Probably for this reason, the hospital staggers under a big annual deficit. But the clinic manages to make up the hospital's loss. In each of the last two years, Dr. Keller has written off the deficit with his personal check for more than \$25,000.

Most of the townsfolk refer to the clinic as "the place with the red roof." This is fortunate, since an out-of-town visitor has practically no other means of identifying it. It looks more like a fine residential dwelling or a modest country club than a combination hospital and clinic.

The Keller family's eight-room living quarters are in one half of the sprawling clinic building. A door just off the hallway connects the liv-

ing space with an office from which Mrs. Keller often directs the clinic's business affairs and her household at the same time.

Meet the Staff

Occupying an apartment over the clinic is 33-year-old Dr. J. J. Merle, Keller Clinic house surgeon for the past three years. As a salaried resident, he is required, in Dr. Keller's words, to be "a general practitioner first, a surgeon second." And his duties include everything from the simplest out-patient care to anesthesiology.

The clinic's attending physician is 68-year-old Dr. Samuel F. Post, who's been practicing in nearby Center Moriches for forty-five years. Dr. Post, a part-time pulmonary specialist, helps carry some of the clinic's out-patient load.

Other clinic and hospital personnel: ten R.N.'s, seven nurses' aides, three maintenance people, and a chef.

At 47, Dr. Keller has the daily satisfaction of seeing his experiment in rural health a going concern. He burned the last mortgage on his property two years ago, and he now owns the clinic-hospital and everything in it outright. He ought, you might think, to be willing to rest on his laurels.

But he's an incurable trail-blazer. His present plans: a twenty-bed addition to the hospital, a staff of six full-time M.D.'s, and more consultants.

END



'Can I Deduct for Entertainment?

The answer to the tax query most often asked by M.D.'s is neither yes nor no—but maybe

- Within the space of a week last year, Federal tax examiners descended upon two unsuspecting physicians in different parts of the country. Both had more or less the same type of practice (partial specialty) and both were in the same income bracket.

The similarity of the two practices was borne out by Federal income tax returns: The profit-and-loss statements of both men showed about the same expenses and deductions throughout.

But when the visiting tax examiners came up for air there was a sharp contrast between the

By Alfred J. Cronin

The author is a member of the firm of Murphy, Lanier & Quinn, public accountants.

PROFESSIONAL PROMOTION, CONVENTION AND MEETING VOUCHER			No. 14
	GUESTS	ITEM	
1.	Dr. & Mrs. M.T. Floyd	X	DATE July 3, 1951
2.	Dr. & Mrs. B.A. Mudd	X	PLACE Home (Cocktails, Dinner) nightclub
3.	Dr. & Mrs. C.R. Birmingham	X	NUMBER OF DAYS OUT OF TOWN
4.	Dr. & Mrs. A.C. Clause	X	PURPOSE AND NATURE OF ENTERTAINMENT
5.	Mr. & Mrs. F.T. Webb*	X	Referral of patients; new professional
6.	Mr. & Mrs. A.C. Ford**	X	contacts. COSTS
7.	Mr. & Mrs. T.M. Atkinson	X	FOOD (Home) \$ 32.29
8.	Mr. & Mrs. C.H. Rogers	X	BEVERAGES (Home) 15.63
9.			DECORATIONS AND FLOWERS
10.			CATERING
11.	Hospital trustee		EXTRA HELP (Home) 6.00
12.	*patient contact		MUSICAL AND OTHER ENTERTAINMENT
13.			RESTAURANT
14.			NIGHT CLUB (The Lido) 61.92
15.			THEATRE AND CONCERTS
16.			ATHLETIC EVENTS
17.			RENTAL OF FACILITIES
18.			TAXI AND PARKING
19.			TIPS 9.50
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two doctors: One wore a broad smile; the other, a frown. The smiling doctor had passed the acid test without a burn. The frowning M.D.—well, almost. His modest entertainment deduction for which he had evidence of every penny spent, as well as of many resultant benefits, was disallowed.

Why? Because, in the local examiner's opinion, medical men have no legitimate right to deduct entertainment costs from their taxable income.

The sad fact is that it's impossible for a doctor to know *exactly* which of his entertainment expenses are deductible and which are not. There are no specific directives to give either him or the local tax collector the straight dope. As a result, local tax agents have pretty broad authority in okaying—or ruling out—the physician's entertainment deduction.

In some cases, local examiners undoubtedly knock down a doctor's entertainment figure as a matter of course. They seem to believe that it's unethical for a physician to spend money on entertainment or—as it's sometimes called—"promotion." Luckily, these Pecksniffs of the tax world are few and far between.

Maybe the fact that they're in a minority is small solace to the physician who has run afoul of one of them. It may comfort him to know, at least, that the law is on his side.

The law, in its strictest sense, treats the M.D. as an ordinary busi-

nessman. The doctor uses precisely the same tax schedule as every other self-employed person. Moreover, the M.D. has many of the same expenses as an ordinary businessman-rent, equipment, repairs, and so on. Logically, he is entitled to deduct entertainment expenses that help to further his professional activities.

And why shouldn't he? As one medical man put it recently: "Only about half a physician's income nowadays is due to his therapeutic knowledge. The other half stems from something more intangible: his personality, his ability to attract patients, his way of dealing with people. How can a doctor get known in his civic and professional community if he doesn't mingle and entertain?"

To the specialist, this "other half" of his earning power often hinges on relations with the doctors on whom he depends for referrals. To the G.P., medical success is bound to involve his relationship with the community at large and, often, with doctors and others who have good connections. The furthering of such relationships probably requires some spending that cannot be classed as purely social.

Most revenue men recognize this fact. Here's what Edwin Gill, tax collector for North Carolina, told a group of doctors recently: "The ethics of the medical profession prevent you from going out and doing a little salesmanship to get business. However . . . [an entertainment de-

duction] is allowable if it is proved to be an *ordinary* and *necessary* business expense. So that puts the problem back in your lap . . ."

Which is exactly where the average physician finds it come the Ides of March.

Records to Be Kept

Technically, the Bureau of Internal Revenue has only one basic requirement for the entertainment deduction. This is how a high tax official in Washington explains it:

"Any businessman—doctor or traveling salesman—must be ready to prove that his entertainment deductions have a direct relationship to the income he earns. When physicians are disallowed these deductions, it's nearly always because they cannot prove that their fees resulted, directly or indirectly, from such entertainment."

To satisfy this requirement, you should first collect proof of the entertainment costs. Uncle Sam expects you to produce canceled checks, vouchers, receipts, hotel bills, or some other evidence of your outlay. On the back of each piece of evidence, it's wise to note the following: the occasion, the date, and the guests you entertained.

When you entertain at your club or at a hotel, you probably sign the tab. In such cases, the written evidence of your expense is ready-made. Paying cash complicates the problem only slightly. When you get back to your office after enter-

taining, draw a check reimbursing yourself for the exact amount you spent. List the date and other vital factors on the check stub.

After a tax examiner has scanned these bits of evidence, he may turn to your office records. If they are liberally sprinkled with the names of patients you've had as guests or who have been referred by people you've entertained, there's a good chance your deduction will get through unscathed.

Last year, for example, one West Coast M.D. was asked to prove that his entertainment expenses were related to his professional activities. He promptly broke out his records: *diary entries* that showed the date, the guests who were entertained, and the costs; *office records* that proved these same guests had later consulted him as patients or had referred patients to him. His entertainment deduction was allowed in full.

But a Southern obstetrician, who customarily gave a present to every newly-married couple in town, didn't fare so well. The U.S. Tax Court threw out the doctor's claim because he hadn't kept a record of each present, its cost, and its recipient. He thus wasn't able to *prove* how his practice had benefited from the gifts. (The court suggested, however, that if he'd kept proper records, he'd probably have been permitted to deduct at least the cost of the gifts to couples who later came to him as patients.)

To be deductible, entertainment

outlays don't always have to produce directly provable benefits. For example, a Midwestern doctor frequently entertained the executives of a local industrial plant at club luncheons. When a tax examiner asked about the results of these luncheons, the doctor was able to show that a good many of the plant's employes had been referred to him for medical care. His luncheon deduction was allowed.

It's not hard to keep proper records, once the habit is formed. Many well-organized medical offices keep track of entertainment costs by means of a simple printed form. (See page 98.) The advantage of this arrangement is obvious: the guest list, necessary dates, places, amounts, and other essential information are all on the same sheet. Canceled checks and other evidence of expenditure should be attached to the form before filing it away. And the records should be kept in your files for at least three years from the date your tax return is due.

Perhaps no aspect of the entertainment question is more perplexing than that of club dues. Though no cases involving physicians have reached the Tax Court, there are precedents involving other professional men. Take, for example, the case of Architect S. Charles Lee:

In 1946, before the U.S. Tax Court, Mr. Lee testified that he had joined a country club for purely business reasons. His records showed that a large percentage of

his professional fees came as a result of contacts made at the club. So he was permitted to deduct two-thirds of his membership dues.

Most physicians probably will discover that they, too, are permitted to deduct only a portion of their social club dues. The reason, says the Bureau of Internal Revenue, is that the personal element is almost certainly present in most club memberships. It's generally best, then, to deduct only the percentage of your dues that seems a fair one in view of professional benefits received.

When he probes into your deduction of dues, a tax examiner is likely to ask the following questions:

1. What was your original purpose in joining the club?
2. How often do you use its facilities?
3. How much of this use is connected with professional activities?

The best answers to these ques-





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tions—like the answers to most of the examiner's other queries—are in your records. You can prove your point by showing that you owe a fair chunk of your professional income to contacts made at the club.

Here are some other angles to consider in taking entertainment deductions:

¶ If you do something handsome for your employes—a holiday party, an outing, a gift of theater tickets—figure the cost as a deduction. The theory is that you're rewarding them for work well done and giving them an incentive to work even harder.

¶ Consider, too, the practice-connected entertaining you do at home. You may be able to deduct certain food and liquor costs, caterer's fees, or the money you pay for extra help.

¶ Don't include yourself on your guest lists. Your own share of a legitimate expense may seem legitimately deductible; but although local agents have sometimes okayed it, the Revenue Bureau says no.

Whatever the nature of your entertaining, it's often wise to challenge each entertainment deduction mentally before including it on your tax return. And if you really want to keep that T-man away from your door, ask yourself further questions like these:

Is your deduction reasonable? Internal Revenue men may check to see whether an entertainment deduction is "ordinary and necessary"—ordinary in the sense that it's related to your professional activities; neces-

sary in that it helps improve your earning power.

Is your deduction reasonable? The amount of a professional man's entertainment deduction must, of course, be defensible in the light of his gross income. No one can say exactly what the limit should be; but modest deductions (around 1 or 2 per cent of gross income) are less likely to be challenged than larger ones. Accountants in one area report that deductions of up to 5 or 6 per cent of gross income have been okayed—when the expenses were clearly justified and proved.

Have you been consistent? Are you sure you have access to records that support every major item included in your deduction? Often, a tax examiner will only spot-check your return. But if he finds one unsupported entry, chances are he'll start in on your records with a fine-tooth comb.

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*J.A.M.A. 246:35, 1951.

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While the doctors' prepay plans lag behind in offering protection against extra-heavy medical bills, the private insurance companies are starting to meet the need

Whatever Happened to Catastrophic Coverage?

• Early in 1950, the California Physicians Service took the bull by the horns. With a new-type policy that would pay the doctor's bill in catastrophic cases, as well as for ordinary ills, it sought to fill the last big gap in voluntary health insurance.

It wasn't long before several other Blue Shield plans said they, too, would offer catastrophic coverage. But now, after almost two years, only scant progress can be reported. The standard explanation: "We're waiting for more actuarial experience before we take the plunge."

Less satisfied to wait are the commercial insurance companies. Within the past year, such leaders as Prudential, Metropolitan, Equitable, and Aetna have begun writing group coverage of catastrophic illness and injury. Generally, these new package policies pick up where the old health insurance leaves off. They pay at least three-fourths of the

By James C. Fuller



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1. Reiser, H. G., et al.: Arch. Surg. 63: 568-575 (Oct.) 1951.



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medical bill, up to limits of \$1,000 to \$5,000. What's more, they offer blanket protection not only against doctor bills but also against the costs of hospitalization, nursing, drugs and medicines.

As to the need, there's little room for argument. Not when an estimated 5 million United States families incur medical expenses of more than \$300 each year. Not when private insurance against crippling medical bills promises to fill a hole in the bulwark against socialized medicine.

Says Edmund B. Whittaker, Prudential's vice president in charge of group insurance: "Clib statisticians point to the millions of Americans now covered for hospital and surgical care. The fact remains that this coverage is barely adequate to take care of routine illness. It's a drop in the bucket for more serious ailments."

When the Bills Add Up

Does expensive illness strike often enough to make this extra protection important? That it does was shown by Metropolitan in a three-year test of catastrophic insurance among its own 48,000 employes. By last summer, when it offered this new group policy to the public, Metropolitan had typical cases like these to report:

A nurse's car skidded on a wet road and crashed. Gravely injured, she was hospitalized for weeks, underwent much delicate surgery.

Without the insurance she would have been \$3,305 in debt.

A salesman suffered a cerebral thrombosis which put him in the hospital for seventy days. Nursing care alone came to more than \$2,000. His total bill: \$3,605—most of it borne by Metropolitan's pilot policy.

"Such cases were not unusual," reports Metropolitan President Charles G. Taylor Jr., "though fortunately not so frequent as to make premiums for this type of insurance prohibitive."

Save the Hospitals!

Until now, some insurance men say, too much stress has been put on the cost of ordinary illness; Blue Cross, for example, has aimed more to keep hospitals solvent than to meet the public's real need. Hence the long holdup in initiating disaster coverage that takes over where basic hospital-surgical plans stop paying.

Explains Prudential's Whittaker: "Hospitalization insurance was promoted in the 1930's by general hospitals. Its primary purpose was to collect hospital bills. The insurance industry just tagged along after Blue Cross, covering semi-private care for limited periods—but not major expenses such as private nursing."

Similarly, Blue Shield and most commercial carriers do well by policy holders as far as routine ills go. But they leave out "a large field of

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for example:

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medical expense which no one has covered at all," notes Whittaker. It's a little like buying collision insurance that would pay off for a bashed fender but not for a wrecked car.

But undertaking to meet major medical bills was a job that took the companies into unexplored territory. As one of them explains the long incubation period: "We didn't want this thing to bloom, then wither."

Basically, their problem is two-fold: (1) how to devise policy limitations that will prevent excessive claims by patients and physicians; (2) how to set premiums that will reflect the actual risk for age, sex, income, and locality.

Claims Limited

To help lick the first problem and to avoid small claims, all companies offering this coverage employ deductibles—a safeguard like the deductible in collision insurance. This means that the insured foots the first \$100, \$300, or \$500 of his medical bill himself (or by means of his Blue Cross-Blue Shield or other ground-floor coverage).

In addition to deductibles, nearly all companies employ a second safeguard: the co-insurance factor. The purpose of this is to give policyholders a stake in keeping down costs. Thus, as soon as medical expenses exceed the deductible, the company pays, say, 75 per cent of them and the policyholder pays the remaining 25 per cent.

Suppose he's faced with a \$3,600 budget-breaker after a long illness. With catastrophic coverage as issued by commercial carriers today, he pays perhaps the first \$300 and the company pays 75 per cent of the remaining \$3,300. So, of the total bill, he's liable for \$1,125, or less than one-third.

Though this still seems like a lot, it should be pointed out that the effect of both deductibles and co-insurance is also to bring down the premium cost.

All Bills Covered

Major exception to the co-insurance rule is a \$5,000 group policy issued by Lloyd's of London (a contract that some American insurance men view with distinct distaste). Restricted to employees earning above \$500 a month, Lloyd's plan pays *all* medical expenses for a single illness or injury, up to \$5,000 a year, except the first \$100 and except those expenses caused by (1) diseases not common to both sexes (maximum for these is \$750) or by (2) maternity. Premium rates: \$3.50 a month for a single employee, \$8.50 for a family.

Will such policies, lacking the co-insurance safeguard, make medical charges zoom? At least one insurance executive says they will—especially in California, where Lloyd's policy is chiefly sold. But a Lloyd's spokesman vigorously denies this:

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exactly opposite. We have had excellent cooperation from the California medical profession. Indeed, a great many physicians feel that because they receive prompter payments and have no collection difficulties, they are justified in making some reduction from the usual fee."

Where Costs Are Greatest

Before fixing premium rates, some companies did extensive fact-finding for a preview of what was in store for them claimwise. Prudential, for example, made a two-year survey of 5,600 employes, turned up these items of medical interest:

A \$10,000-a-year Prudential employe has medical expenses just twice as large as those of a \$5,000-a-year man (largely because of the higher amounts he pays for special nursing and for surgical service).

Local medical costs vary widely, are highest in the Far West, lowest in the South. Thus Prudential found that its monthly net claim cost might be \$3 for the East (about average for the country), \$4 for the West Coast, \$2.70 for the Middle West, and \$2 for the South.

Polio notwithstanding, "the real medical catastrophe hazard is at the older ages and not among children." Prudential found, for example, that if a given coverage costs \$10 for people under 35, it will cost \$20 for the 35-to-49 group, \$50 for the 50-to-64 group, and \$100 for those at age 65.

Women's total medical bills may

be twice as high as men's; but it's due partly to more frequent illnesses, not entirely to bigger bills per illness. Prudential found that by hedging with deductibles and co-insurance it could insure an employe's wife at a cost only 50 per cent higher than for her husband.

On the basis of these findings, Prudential tailors its premiums to fit each insured group. It sets the rate by the employes' ages, family status, salaries, and sex and by local medical cost levels. Much the same procedure is followed by Metropolitan. Cost of a typical "extended coverage" plan at Metropolitan is \$2 a month per employe, \$5 a month for employe and dependents.

Flat premium rates with no differential for age and salary are the rule among Equitable, Liberty Mutual, and some other underwriters. But such rate-setting has been sharply criticized. Railroad employes, the critics say, with average ages above 50 are a much greater insurance risk, for instance, than airline employes whose average age may be below 35.

Once in effect, the commercial disaster policies have few limitations. The plans are alike in providing for hospital room and board, usually up to specified daily limits (e.g., \$15); physicians', surgeons', and nurses' fees; drugs and medicines; laboratory tests; X-rays; oxygen; anesthesia; blood transfusions; ambulance service; etc.

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cupational diseases and injuries that come under workmen's compensation. Some companies also specifically disclaim mental disease and pregnancy, childbirth, or miscarriage (except where serious complications result).

Individual policies now being offered by such companies as Equitable and Liberty Mutual provide benefits similar to those of the group plans (except that Equitable's benefits are limited to in-hospital expenses). But annual premiums are naturally somewhat higher. These range from \$30 to \$40 each in a typical policy, with, say, a \$2,500 maximum and a \$300 deductible.

For six years Continental Casualty Company has offered medical disaster insurance on an individual basis but so far only in Illinois. Continental's policies are unusual in not requiring co-insurance, but they have a higher-than-average deductible.

Experimental is the word for catastrophic coverage. More than one company says its plans are in a state of flux, expects to make a number of policy changes as it gets more claims experience. Meanwhile, insurance men see two weaknesses already in present medical disaster plans: (1) They don't solve the big-bill problem for the low-income groups. (2) They don't have fool-proof formulas to keep ceilings on medical costs.

The plain fact is that the cost of available policies is too high to ap-

peal to people with incomes under \$5,000. Many companies have no salary restrictions, are willing to insure all comers. Yet they've found their present market strictly limited. Liberty Mutual, for example, reports that in an eligible group of 150 earning less than \$5,000, only one employe showed interest. Yet in a group earning over \$5,000, some 80 per cent enrolled.

How can such insurance be brought to those with low incomes? H. S. Cramer, New York insurance broker, sees the answer in the fact that the poor are younger, on the average, than the rich. He thinks "their lower average age would justify a lower premium." Certainly, this would make the plans more attractive to them.

Cramer, writing recently in *The Eastern Underwriter*, also sounds a warning against blanket coverage in present disaster policies. Even with co-insurance, he feels, it may prove too much of a temptation to the medical profession. His reason: "Fees and charges will have a tendency to rise once the hospitals and physicians become fully familiar with the broadness of the blanket."

To counteract this peril, Cramer recommends policies with detailed schedules of stated benefits. In short, let the companies set price lists on hospitalization costs and professional fees they are willing to pay.

Fear that overcharging by the medical profession will upset the applecart is, in fact, uppermost in

many an insurance man's mind. "None of these plans can hope to succeed without the intelligent co-operation of medical societies and doctors," points out Prudential's Whittaker. "The appeals machinery of medical societies should be used any time surgical claims seem exorbitant."

"This insurance is not just a bonanza to doctors. It's being provided to serve the public and to prevent

socialized medicine. Misuse of it will play directly into the hands of Government planners and will result inevitably in its failure.

"This doesn't mean we expect a surgeon to charge a \$20,000-a-year employe what he charges a \$5,000-a-year employe. It does mean we expect him to charge \$20,000-a-year patients the *same* fees—whether they have this insurance or not."

END



Medical Schools get a financial boost from industry as William E. Cotter (center), special counsel for Union Carbide and Carbon Corp., presents company's check for \$25,000 to S. Sloan Colt, president of the National Fund for Medical Education. Looking on is Dr. Victor G. Heiser, medical adviser to the National Association of Manufacturers. The N.A.M. recently passed a resolution urging all businessmen to support "demonstrably sound" organizations like the N.F.M.E. "whose funds are raised for and disbursed to urgently needed fields of specialized education." Fund officials hope that this pronouncement—and the new tax law—will spur contributions from other corporations.

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1. LESS FRICTION between plunger and barrel.
2. LESS EROSION because the intact "skin" of the glass barrel protects it during cleansing and sterilizing.
3. LESS BREAKAGE because the glass has not been weakened by grinding.

Less friction, less erosion, and less breakage mean longer life . . . and lower cost-in-use.

You'll notice the difference the first time you use a B-D DYNAFIT SYRINGE. The finely-ground plunger slides smoothly along the unground inner surface of the barrel. And it will continue to do so because the DYNAFIT virtually never wears out.

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BECTON, DICKINSON AND COMPANY, RUTHERFORD, N. J.

Discrimination and the Doctor

**Society's racial prejudice carries over into medicine.
But it can be fought—and is**

• It's easy to demonstrate that there is discrimination against racial and religious minorities in medicine. It's not so easy to find and understand the causes of such discrimination. And in some cases it's hardest of all to know what to do about it.

To a large extent, discrimination in medicine is a result of discrimination in society generally. It's important to remember, then, that the doctors and hospitals and medical schools engaging in discriminatory practices are *victims* as well as *culprits*.

Yet it is by no means true, as many claim, that they cannot help to eliminate discrimination in medicine themselves—that they must always wait for community action in other fields and follow, rather than lead, the way to right conduct. We have heartening evidence to the contrary.

First, however, a look at the problem as such.

It's a well-known fact that there is discrimination against Jews in medical schools and hospitals. Many

institutions admit Jewish applicants only on a quota basis, and there seems to be a tendency for medical practice to divide into Jewish and non-Jewish groups.

I know a brilliant young Jewish physician, for instance, who has been doing a fine job as administrator of a Jewish hospital. Not long ago, I predicted to his wife that he would oneday be chief administrator of some great medical center.

"Act your age," she said sharply. "There aren't half a dozen places in the country that would have him."

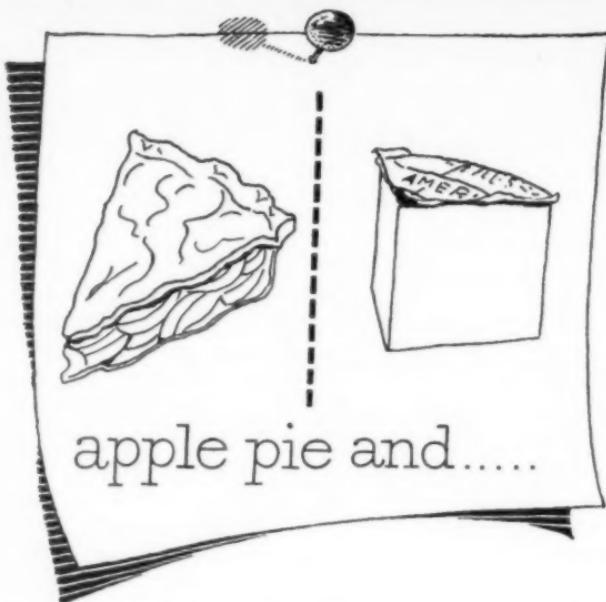
She was right, too. But the facts of discrimination against Jews are hard to pin down. Where Negroes are concerned, it's an easier matter. Here are a few simple statistics:

¶ With 10 per cent of the nation's population, the Negro race has only about 2 per cent of the nation's physicians and occupies only 2½ per cent of the nation's hospital beds.

¶ The physician-population ratio for the country as a whole is 1 to 750; while for the Negro population the ratio is 1 to 3,500, or substantially below the 1-to-1,500 minimum standard commonly accepted in the U.S.

¶ Of 26,000 students enrolled in

By Robert M. Cunningham, Jr.



An old English rhyme says "apple pie without some cheese is like a kiss without a squeeze".

There is more than mere custom or tradition, however, in the use of *both* MAZON Soap and MAZON Ointment in the therapy of various dermatologic disorders. Leading clinicians have repeatedly advised the use of a pure, mild, nonirritating detergent to cleanse the affected area and prepare it for the application of the prescribed medication.

And for more than a quarter of a century, physicians have used the dual MAZON therapy in acute and chronic psoriasis, eczema, alopecia, ringworm, athlete's foot, and other skin conditions not caused by or associated with systemic or metabolic disturbances.

MAZON is greaseless . . . requires no bandaging; apply just enough to be rubbed in, leaving none on the skin.

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BELMONT LABORATORIES, Philadelphia, Pa.

medical schools, less than 3 per cent are Negroes; and three-fourths of these are in the two all-Negro institutions, Meharry and Howard.

¶ Negro graduates are eligible for appointment to less than 200 of the country's 10,000 internships; and more than half the 200 are in segregated Negro hospitals.

¶ Of some 12,000 residency appointments on hospital staffs, only about 100 are available to Negro physicians; and three-fourths of these are in segregated hospitals.

It is neither necessary nor desirable that Negroes should look only to Negro physicians for medical care, nor that Negro physicians should limit their practices to Negroes. Yet racial discrimination in hospital staff appointments makes it hard to break this pattern.

"Few Negro physicians have staff appointments at any but all-Negro hospitals," a current report of Provident Medical Associates explains. "Thus they must take their patients to Negro hospitals or turn them over to the care of white physicians in the hospitals to which they themselves do not have access. In all the United States . . . hospital and clinical facilities are segregated or denied. And in most of the South, membership in county medical societies is refused . . . [So] the average Negro physician becomes a general practitioner, isolated professionally and serving a low-income group."

Of course, many of these phe-

nomena are inter-related. For example:

Many hospitals provide that staff appointments shall be made only from among members of the local county medical society. With society membership denied him, the Negro physician is thus effectively barred from hospital practice.

(In fairness, it should be pointed out that the American Medical Association, which has been a convenient target for abuse by liberal groups, is in no way responsible for such exclusions. The A.M.A. is made up of self-governing local and county medical societies. Where Negro doctors are denied admission, it is the local society and not the A.M.A. that is at fault.)

Inevitably, discrimination in the admission of hospital patients results from the discriminatory aspects of medical education and practice. In a hospital where the Negro physician finds it impossible to get a staff appointment, there won't be many Negro patients.

Patient Segregation

It's true, of course, that many hospitals today admit Negroes. But even here segregation is the general rule. The colored person is apt to be assigned to a single room or an all-Negro ward. Only in large wards of public hospitals and in a few medical teaching centers is it common to see Negro and white patients in adjacent beds.

Though apologists for such seg-



ARMED SERVICES ACCEPT PORTABLE FIELD X-RAY

New Picker Unit Operates Anywhere: Assembles in 5 Minutes

After months of rigorous proving tests, medical departments of all Armed Services have jointly accepted a new x-ray unit for operation in the field. Civil Defense authorities also see in its complete self-sufficiency an answer to the problem of providing x-ray facilities in disaster areas.

Like its forerunner, the U. S. Army Field X-Ray Unit of World War II, the new machine was designed and developed by the Picker X-Ray Corporation on its own initiative and at its own expense, with no development cost to the government. Quantity production is already well under way.

The unit is so portable and so self-sufficient that it can be used anywhere, even in forward areas. For transport it knocks down into two chests which are light enough to be moved by a medical team, compact enough to be carried in a jeep, or light truck, and rugged enough to be safely parachute-dropped. On arrival, the machine takes only five minutes to assemble for use in Mobile Field and Evacuation Hospitals. It will operate anywhere: on community power lines if available, or using a companion portable gasoline motor-generator. Picker X-Ray Corporation, 25 South Broadway, White Plains, New York.



FIVE MINUTES is all it takes to assemble the new Picker machine; no tools are needed. The lid of the long chest becomes the table front; other parts unfold into position or are attached in sequence. Packing members become operating parts.



HORIZONTAL RADIOGRAPHY and fluoroscopy are equally easy. The unit will operate continuously for fluoroscopy at 5 MA, and will withstand storage conditions from 50° below zero to 120° F. at humidity up to saturation.



TABLE TOP SWINGS to vertical for fluoroscopy or radiography of upright patient. Sealed fluoroscopic screen is proof against warping or fungus invasion. Lead-rubber apron and gloves can be packed right into the same chest with the tubehead.

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regation insist that white patients object to sharing hospital accommodations with Negroes, that assumption has often been proved false. A case in point:

For many years, staff members at the University of Chicago Clinics maintained that it would be a mistake to open the doors of the clinics to all races on an equal basis. "In a short time," they protested, "we wouldn't have any more white patients."

At the insistence of former Chancellor Hutchins and others, their objections were finally overcome. The result? Well, in Chancellor Hutchins' own words: "The result has been that there hasn't been any result at all!" Nothing happened when white and colored were assigned to the same rooms.

It's been demonstrated, too, that nothing generally seems to happen when white and Negro nurses work together on hospital floors. Or when Negro nurses care for white patients and white nurses care for Negro patients.

As a matter of fact, discrimination against Negro nurses, technicians, and other hospital personnel is breaking down rapidly. This is an example of arriving at the right answer for the wrong reason: The shortage of hospital personnel has become so severe that many hospitals that used to bar Negroes from all except menial positions have been forced to accept them.

Racial prejudice in medicine is

of course only part of the larger social pattern. So it's not surprising that efforts to break the pattern aren't always attended with perfect success. Take, for example, the experience of just one group:

Of 29,000 certified medical specialists listed a couple of years ago by the National Advisory Board for Medical Specialties, only 101 were Negroes. For a long time, Provident Medical Associates of Chicago has been financing graduate medical education for qualified Negro physicians in an effort to improve this situation. But the problem is a perplexing one, since so few Negroes are qualified.

Qualification comes from an adequate educational background—and it isn't easy for the average Negro to make the grade. The roots of medical discrimination are buried deep in our educational system—in the segregated grade school, high school, and college.

Steps Forward

But let's not try to shift the blame from doctors and hospitals to the rest of society. Though it's obviously true that racial prejudice isn't always the fault of medical and hospital people, it's equally true that we can do something about it if we really want to. There are already signs of a good deal of progress.

Four years ago, a hospital in Gary, Ind., invited applications from qualified Negro physicians in the community. Up to that time,

Negro doctors had been limited to a totally inadequate facility in the segregated district. Two of them qualified at once, and five more have since accepted appointments. Today, more than 20 per cent of the hospital's patients are colored. This is roughly equivalent to the proportion of Negroes in the population. And the change has been brought about without a single unpleasant incident!

The number of American hospitals accepting Negro physicians as internes, residents, and attending staff members is steadily growing. In Chicago, Negro doctors are on the staff at Cook County, Children's Memorial, and Michael Reese Hospitals. Elsewhere, colored physicians have been appointed at such representative institutions as Philadelphia General, Newark City in Newark, N.J., Queens General in New York, Allegheny General in Pittsburgh, and Los Angeles County.

Especially heart-warming are developments in the South. The medical school of Emory University at Atlanta has established a post-graduate clinic for Negro physicians; the Johns Hopkins school of medicine at Baltimore now admits Negroes for post-graduate work; community hospitals in Virginia and Arkansas have accepted colored doctors as staff members.

Less important but possibly significant of changing attitudes are several recent events:

The American Medical Association switched its clinical session scheduled for last month from Houston, Tex., to Los Angeles—reportedly because it was learned that the headquarters hotel in Houston would not accept Negro delegates as guests.

At this year's American Hospital Association convention in St. Louis, the association found to its embarrassment that Negro members were kept out of downtown hotels. It immediately announced that no further meetings would be held in St. Louis until all members could expect equal treatment.

A few months ago, several Southern nurses walked out of a Catholic hospital in West Virginia because the Sister Superior refused to discharge three Negro nurses who had been added to the staff. The hospital stood its ground, and—more important—it got the full support of the community, the newspapers, the Mother Superior of the Order running the hospital, and the Bishop of the Diocese.

Rome wasn't built in a day. It's not likely that medicine will eliminate all its discriminatory practices until society stops winking at prejudice and segregation. Until that time comes, though, there's a lot we can do. We can expose the evils of discrimination in medicine whenever we come across them. We can fight with unflagging courage for fair judgments and fair practices.

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Your Tax Questions Answered

Responsibility for errors

Patents on inventions

Commutation expenses

Salaried M.D.'s tax status

Costs of moving

Losses on trade-ins

Post-graduate courses

Accrual-basis bookkeeping

Deduction for sales tax

Sale of personal property

Dependents as exemptions

The meeting deduction



• **QUESTION:** If my tax accountant makes an error on my return, am I responsible for it?

ANSWER: Yes. Even if a man in your local Internal Revenue office helps you, you're still responsible for errors.

QUESTION: My non-medical invention was patented last November, and now it's just about ready for marketing. Can I deduct the costs of developing the patent?

ANSWER: Yes, but you must spread such costs over the life of the patent (usually seventeen years). Once you begin to get some income from

your idea, you can deduct certain other expenses (marketing, advertising, etc.) in the year incurred.

QUESTION: I'm a resident in surgery, on call twenty-four hours a day. Often, during early-morning emergencies, I have to use my car to get to the hospital. Can I deduct my car expenses for these trips?

ANSWER: Unfortunately, the Bureau of Internal Revenue probably

By Alfred J. Cronin

The author is a member of the firm of Murphy, Lanier & Quinn, public accountants.

will not allow such a deduction. Technically, you use your car to get to and from work—and commutation expenses are not deductible. This does seem somewhat unreasonable, since you may have no other means of getting to the hospital at certain hours. But even handicapped persons who drive to work are not permitted to deduct auto operating cost.

QUESTION: After several years of private practice, I recently took a salaried job. Does this change my tax status?

ANSWER: Yes—probably for the worse. As a private practitioner you were able to deduct your professional expenses in computing your net profit from business (Schedule C). On top of this you probably took a taxpayer's standard 10 per cent deduction on page 3 of Form 1040. As a salaried man, you cannot use Schedule C. Thus if you take the standard deduction you cannot deduct the cost of your professional books and periodicals separately.

QUESTION: I'm planning to move my household effects and professional equipment from Cleveland to Minneapolis. Can I deduct the cost of this move as a business expense?

ANSWER: You cannot deduct the cost of moving your household effects, but you can deduct the cost of moving your professional furniture, equipment, and supplies.

QUESTION: I own a \$1,200 piece of professional equipment that's

nine years old and now has a depreciated value of \$200. I want to replace it, but my dealer will give me only \$100 for it as a trade-in. Can I deduct the \$100 difference as a business loss?

ANSWER: No. But for tax purposes you can add the \$100 loss (the difference between the trade-in value and the depreciated value) to the purchase price of the new equipment. In effect, you'll be deducting the \$100 loss as part of your annual depreciation.

QUESTION: Since the cost of attending a medical meeting is deductible, why isn't the cost of taking post-graduate courses also deductible?

ANSWER: The T-men regard a post-graduate course as something that merely puts you *in a position* to render a service. They reason that it's less closely related to the doctor's income-producing practice than a medical meeting is. The distinction between a medical meeting and a post-graduate course is a rather fine one, I agree.

QUESTION: I am now keeping my books on a cash basis. Next year I'd like to switch over to an accrual basis. Must I get permission from the Bureau of Internal Revenue?

ANSWER: Yes. You must apply within ninety days after the beginning of the year for which you're reporting income.

QUESTION: This year I plan to itemize my non-professional expenses instead of taking the stand-

TWA

Quickie Vacation



in the **SUN COUNTRY**



THIS winter why not practice what you so often preach to your patients? Enjoy a change from dreary winter weather . . . get away for a few days' rest to where the sun shines warm and bright, and the air is clear and dry. Take a glorious TWA Quickie Vacation to Phoenix, Las Vegas, Southern California, or any of the other famous midwinter resorts in the Sun Country.

You're only hours away when you go by 300-mph TWA Skyliner. In as short a time as a long weekend you can enjoy days of fun under the sun . . . with accommodations, scenery and sports to suit any taste. And TWA's Family Half-Fare Plan offers big savings when you take the wife and children along. For information, see your travel agent or mail coupon below.

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a successful New product in
the treatment of allergies
and dermatoses

Pyromen
(BACTERIAL POLYSACCHARIDE) ®

Pyromen initiates responses in the circulating leucocytes, in the reticulo-endothelial and the endocrine systems. These responses are generally the opposite to those initiated by the adrenocorticotropic hormone. **Pyromen** has a wide margin of safety and is proving to be increasingly useful in the treatment of many allergies and dermatoses, as well as certain ophthalmic disorders.

Pyromen is supplied in 10 cc. vials containing 4 gamma (micrograms) per cc. and in 10 cc. vials containing 10 gamma per cc.

For more complete information write "Pyromen" on your Rx and mail to us

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ard deduction on Form 1040. How do I decide how much I am entitled to deduct for state and local sales taxes?

ANSWER: If you keep an accurate week-by-week record of your expenditures, it's very simple. But if you don't have such records (most people don't on such things as cigarettes) you must make a reasonable estimate of how much you spend on each major class of item and multiply the yearly total by the applicable rate of tax. For example, if you spend \$5 a week on cigarettes on which the sales tax might be 3 per cent, your computation goes like this: $\$5 \times 52 \text{ weeks} = \260 . Three per cent of this, or \$7.80, is the sales tax deduction. Follow the same

process for all other taxable items. In the space where you list your sales tax don't forget to put down these other tax deductions: state income tax; personal property taxes; real estate taxes; auto license fees; liquor and gasoline taxes (except in some states).

QUESTION: To raise some ready cash, I sold some jewelry for about half what it cost. Can I deduct the loss?

ANSWER: No. The tax law does not allow you to deduct capital losses on personal possessions such as jewelry. However, *profits* arising from sale of personal property are taxed in the same way as any other capital gain.

QUESTION: My teen-age son land-



"Whatever happened to plain old rheumatism?"

so comfortable



TAMPAX

the internal menstrual guard of choice

Your request will bring
professional samples promptly.

Both physically and psychologically, TAMPAX tampons are amazingly comfortable intravaginal menstrual guards. They cannot induce odor, perineal irritation or infection via rectum. And, with the individualization and convenience of protection provided by the three absorbencies (Regular, Super, Junior), their use is said to tend to make women "forget they are menstruating."* These dainty cotton tampons are also thoroughly safe and adequate.

*West. J. Surg., Obstet.
& Gynec., 51:50, 1943;
J.A.M.A., 128:490, 1945.

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ed a lucrative summer job last year. We were all rather pleased about it until recently, when I talked to my accountant. He tells me that since my son's income was so high, I can no longer declare him as a dependent. What's the ruling on this?

ANSWER: If your son—or any other dependent—earned \$600 or more during 1951, you cannot claim him as an exemption.

QUESTION: Is there any limit, for

tax purposes, on the number of medical meetings a physician can attend in a year?

ANSWER: There's no set limit on the number of meetings or on the total amount of a physician's meeting deduction. But like any other deduction, your meeting deduction must be reasonable. Be sure, of course, to keep careful record of what you spend, showing dates, items, and amounts.

END



Turned Down flat by Washington, D.C., motor-vehicle inspectors, 90-year-old Dr. Earl E. Dudding let fly with a gesture that many a harassed car owner can envy. Pointing to his rejected 1931, fire-engine-red Auburn, the retired physician threw down his keys and shouted, "If you don't pass it, you can have it." Later on, he insisted on handing over his car title to stunned and embarrassed officials. They needn't have worried. As the result of a newspaper story, Dr. Dudding was soon inundated with bids for the car, ranging up to \$300. "I was proud of that car . . . but I've decided to sell," he announced. With sighs of relief the Motor Vehicle Bureau gave it back. Bygones were bygones.

*Is there an art to making
callers feel welcome in the
doctor's office? You bet!*

Letters to a Doctor's Secretary

• My dear Mary:

I shall never forget the efficient and charming woman whose place I took years ago when I first went to work for a doctor. You'll often hear echoes of her in my letters. One phrase she used frequently was "meeting the public."

I was rather shy and inexperienced in those days, so meeting the public was an especially difficult phase of my work. Through my preceptor's kindness, however, I eventually learned the technique of getting along with people. The rules she gave me made my days infinitely smoother and pleasanter. I'll pass them on to you in this letter.

It goes without saying that no matter who they are or for what



reason they come, the people who pass daily through your reception room must receive every courtesy and attention at your command. No provocation should be great enough to make you lose your temper or treat even the annoying visitor with rudeness.

You are fortunate in that you really like people, spontaneously and naturally, and this valuable trait can be increased by practice and imagination. All you have to do is to put yourself consistently in the other fellow's place. The majority of the people who come to you come for help. They are sick or think they are, or someone they love is sick. Often

By Anna Davis Hunt

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they are afraid. They need your sympathy and cooperation.

It is easy to like the amiable, the well-bred, and the kindly. It is the occasional snobbish or whining, stupid, uncouth, or unreasonable person who will try your patience. Here's where your knowledge of psychology will serve you well. The more impossible he is, the more he needs you. You are there to help him, not to find fault with him. You are too well developed mentally to be just a mirror of his moods; see how quickly you can make him mirror yours. You be the one to set the standard. Think of any vexatious situation as a challenge. Take pleasure in seeing how deftly you can handle it. Enjoy the sense of accomplishment that comes from keeping the atmosphere of the office harmonious.

This does not mean, of course, that you must handle all comers

alike. Let's look over a list of the different kinds of callers with whom you'll have to deal. We find:

1. Patients with appointments
2. Patients without appointments
3. Visiting doctors
4. Detail men
5. Dr. Barrie's relatives and personal friends
6. Door-to-door salesmen, solicitors, peddlers, etc.

By Appointment

The first of these you are expecting. It is primarily for them that the office exists, so they are obviously the most important.

When they enter, greet them by name—and with a smile of welcome. (A ready smile is God's gift to the receptionist!)

It is the custom in a number of doctors' offices to have, not a reception room, but merely a waiting room, with no desk and no recep-

*The writer of these letters, after receiving her A.B. degree, was for sixteen years secretary to a well-known surgeon. When, in time, it became necessary for her to move to another city, she promised to train her successor in all the details of medical office management. Since she had time to give only brief, oral instructions before she left, it was understood that she would write regularly and often.

This she did, and her letters found their place among the younger girl's

most prized possessions. With the personal items deleted, they were published originally as a series in MEDICAL ECONOMICS, signed with the nom de plume Myrna Chase.

So many requests for republication have been received that this new series is the result. All the original material has been revised and brought up to date; some new material has been added. The current series, of which the present letter is the third, will also be made available in portfolio form.

Have you a bed-pan
or Colostomy
Patient?



Chloresium®

chlorophyll TABLETS produce
"...striking reduction in objectionable odor..."

Investigators report "... results were uniformly good . . ."*. Patients, doctors and nurses were gratified. Dosage of two tablets four times daily, with early reduction to one tablet four times daily was all that was needed for elimination of offensive odor.

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for a mouth, breath and body deodorant?

In conquering colostomy and bed-pan odors, CHLORESIUM CHLOROPHYLL TABLETS decisively prove the efficacy of their highly concentrated, purified water-soluble chlorophyll. Prescribe them for your colostomy or bedridden patients; suggest them for any patient with a breath or body odor problem.

Boxes of 30—Bottles of 100 and 1000

Samples on request

*Weingarten, M., and Payson, B.: Deodorization of Colostomies with Chlorophyll, Rev. Gastroenterol. 18:602, 1951.

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tionist in evidence. I believe this is a grave mistake. If a doctor has a secretary, her desk should be—as yours is—in the direct line of vision of anyone opening the door, although it is nice to have it in an alcove out of the line of traffic. The receptionist's welcoming, questioning face should be seen at once by the patient. (Even if you can't be at your desk at the moment, he'll see some work neatly laid out upon it and know that you'll be back shortly.)

If, as sometimes happens, the patient is on time and the doctor isn't, you say something like this:

"Dr. Barrie had such a heavy morning at the hospital that he was obliged to be late. So we're a little behind schedule. Do you mind waiting a few minutes?"

Your explanation must be given seriously and anxiously, as if you were asking the patient's help in an important situation beyond your control (even though you may know the doctor's lateness was occasioned by nothing more vital than a congenial luncheon date). This gives the patient the feeling that he is cooperating with the doctor rather than being imposed upon; so he is almost always willing to wait.

Your own ingenuity will teach you to embroider this theme from day to day. All will be well if you take care to give each patient a sense of his own importance, as well as a sense of the great importance of the doctor's work.

By close attention to the doctor's habits, and by keeping in mind, when you give appointments, the probable time required for each patient, you can even approximate punctuality. Perfection is obviously impossible; but never grow lax simply on that account. If you aim to keep appointments on the dot, you'll succeed in being at least fairly punctual.

Don't become annoyed if the doctor himself seems indifferent in this respect. One of the things you're paid to do for him is to keep track of his time and advise him accordingly.

Get All the Facts

If the patient is new, approach him at once for the information needed to record his case on the books. In the supply closet you'll find a box of 3"x5" printed pads. They have a line for each of the following:

Name _____
Address _____
Telephone number _____
Business address _____
Business phone number _____
Referred by _____

Fill out every line, getting the name in full. If the patient is a married woman, get the husband's name. If the patient is a minor, get the father's name. Be *sure* all names are spelled correctly.

Under business address, get the name of the firm as well as the street and number. If possible, determine

*The blood-building,
appetite-building
iron tonic
with B₁₂ activity*

plus . . . iron (ferrous gluconate) in tonic quantities

plus . . . essential B complex vitamins well in excess of known minimum daily requirements

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what the patient's position is there.

Never fail to get the name of the person who referred the patient. If the patient is vague in this particular, jot down "No reference," as this is often a danger signal of poor credit.

Using the printed form suggested, instead of a blank piece of paper, is important. It gives the impression that you are merely following standard routine. Only the most eccentric will hesitate to answer your questions.

It is more courteous and satisfactory, of course, to take down the information yourself, although, if you are rushed, or if the patient is deaf or speaks brokenly, it is all right to ask him to fill out the form himself. But check it to be sure he has omitted nothing of importance.

Filling out this blank is the cornerstone of efficient collecting. I can't stress it too strongly.

Unscheduled Patients

Now for the second group: patients without appointments.

Your ability to judge these will increase steadily. But at first, if you're not sure of your ground, jot down all the facts and then ask the doctor what to do. Remember that you must never in any way jeopardize the good will the doctor enjoys or contribute toward the loss of a patient.

Theoretically, it is unfair to those who have appointments to "run in" one without an appointment. Yet it

sometimes saves an excellent case for the doctor.

Before you admit anyone on this basis, however, explain to him that Dr. Barrie ordinarily sees patients only by appointment, but that rather than discommode the newcomer this time, he will see him for at least a few minutes. The doctor can then get the case started and arrange for a longer appointment for some other day.

You will soon learn to spot "drifters" and "shoppers." Dismiss them without compunction by telling them firmly that all appointments for the day are taken.

Unscheduled Referrals

If another doctor wants Dr. Barrie to see a patient in the middle of a busy afternoon without a previous appointment, you must arrange it without hesitation. Be extremely careful, however, not to let any patient with an appointment know that he is being thus delayed.

For waiting patients there are plenty of new magazines on the reception-room table. The old joke about hoary magazines in doctors' waiting rooms is entirely passé in your office.

One sure way to please patients is to have some cut flowers attractively arranged in the reception room and on Dr. Barrie's desk. During seasons of the year when these are too much of a luxury, plants and greens are almost as effective. For a dollar or so you can fill two big vases

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Full-footed ACE

Elastic Hosiery fulfills its essential function of supporting leg structures in a new, extremely effective manner. Its positive terminal anchorage at the toe enables the hosiery to be drawn on the leg under vertical as well as circumferential tension, producing a type of lift that can best be described as "suspension support".

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Elastic Hosiery is not only sheer and form-fitted, but it requires no overhose!

Thus it eliminates the unattractive bulk, the uncomfortable weight, and the unsightly wrinkles that have made women rebel against wearing elastic stockings.



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with huckleberry or laurel that will stay green several weeks if you keep them up to their necks in water. Several pots of ivy or philodendron, nursed along with a little plant food, will be beautiful for a long time. Don't ever permit the office to be without something of the sort, for flowers and plants give an air of restfulness and beauty that can be captured in no other way.

Small Talk

Should patients wish to chat with you, by all means indulge them to a reasonable extent. In these conversations you will often have invaluable opportunities to "boost" your doctor in a sincere and tactful way. Let the patients do most of the talking, and listen with real interest. You will glean much that will aid you in evaluating them.

If it seems wise to discourage their talk, your ever-ready desk work will serve, of course, as a good "out." You're simply too busy to chat indefinitely.

Always, in the reception room, maintain an air of cheerful optimism. It's all right for patients to talk among themselves as long as they are discoursing on how much better they feel or on how highly they regard the doctor. But if they're morbid or complaining, it's best to break up the talk by taking one of them inside. Keep them moving forward in such cases as much as possible. You can, for instance, put one in the private office to have a history taken

and another in a treatment room, at the same time, even if the doctor is not ready for him.

If a patient is reading a magazine with interest, and you plan to shunt him to another room, always see that he takes the magazine with him. It's amazing how often this obvious courtesy is disregarded. All the good of moving people forward is lost if they are cooped up in a treatment room with nothing to do but fume and wait.

As patients leave after seeing the doctor, they will pass your desk again. Then, if they require another appointment, you can give it to them.

Tell them good-by in a truly friendly fashion. Smile. Be cordial.

Obvious? Yes. But how often it's neglected! How often the poor patient, below par physically, leaves the office with the subconscious impression that he wasn't liked! So send him away happy. *He'll* feel grateful, and it won't do *you* any harm either.

Relations With Physicians

We now come to Class 3 of our public: visiting doctors.

Any physician who calls is supposed to be Dr. Barrie's peer. His time, it is assumed, is as valuable as your employer's. Consequently, he must never be kept waiting.

He should be greeted, in fact, with an *extra* shade of cordiality and respect. As soon as he gives you his name, carry it to Dr. Barrie. Then



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from pain, cramps, general discomfort due to functional gastrointestinal spasm. In clinical studies, 1, 2, 3 BENTYL gave gratifying to complete relief in 308 of 338 cases, yet was "... virtually free from undesirable side effects."³

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BENTYL 10 mg.
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ADULTS: 2 capsules or 2 teaspoonfuls syrup
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IN INFANT COLIC: $\frac{1}{2}$ to 1 teaspoonful syrup
3 times daily before feeding.⁴

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1. Hock, C. W.: J. Med. Assoc. Ga. 40:22, 1951. 2. Hufford, A. R.: J. Mich. St. Med. Soc. 49:1308, 1950.

3. Chamberlin, D. T.: Gastroenterology 17:224, 1951. 4. Pakula, S. F.: To be published.

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return immediately and usher him into one of the private rooms. There Dr. Barrie will join him as soon as possible.

Of course, there are some exceptions to this rule. But they are few. It is best to err on the courteous side.

Next, you have representatives of pharmaceutical houses, instrument manufacturers, and medical-book publishers.

Scarcely a day passes without a request by one of these men to see the doctor. They have a perfect right in your reception room and are not to be treated as ordinary salesmen. Always have a ready welcome for them. They are doing necessary work and their suggestions and new ideas are often of great help to the doctor. They are invariably considerate of his time and never stay longer than a few minutes. They go everywhere and their good will is valuable.

If the doctor has time, he should see them. If he is actually too busy, they will understand and depart without argument, to return another day. Always be tactful and courteous in dismissing them.

The Doctor's Friends

Nor must we overlook the doctor's relatives and personal friends. These are occasionally a problem, I'll admit. They may come breezing in, expecting to see the doctor at once, no matter how busy he is, thus upsetting your carefully prepared program.

But don't let this annoy you. Be as gracious and sweet to them as if they were your own friends (and before long they will be).

Tell the doctor at once that they are waiting. If he chooses to sit chatting with them for half an hour while you do your level best to keep the reception room calm—well, that is his privilege. If he says brusquely, "Throw them out" or "Let them wait," you must translate the message into a more flattering form.

Of course, his wife or mother should never be kept waiting. But, to do them justice, they are the most understanding of all and the least apt to take his time from his patients. To them you will always give the same devoted attention that you give to Dr. Barrie himself.

Under "miscellaneous" may be grouped those persons whom you practically never allow to get to the doctor: necktie salesmen, solicitors of various kinds, and peddlers. Nor must you waste your own time with them. Can you imagine anything more unprofessional than for a doctor's secretary to permit a stocking salesman to spread his wares over her desk? But even these should not be treated brusquely. You can always say that the doctor is too busy to see them; and, for yourself, "I am not in a position to do any buying just now, and cannot even discuss it with you, for my time is not my own."

Never be sharp or sarcastic or lose your temper, for that is to lose con-

trol of the situation. Such conduct would reduce your own efficiency for hours, and what harm it might do to the other person's ego we have no way of telling. You can dismiss

people firmly, but pleasantly, too.

Follow these simple suggestions and you will soon be presiding over your little court in grace and harmony.

—MYRNA CHASE



Labor and Medicine in Evansville, Ind., had long cooperated in health matters; so Surgeon R. L. Kleindorfer, president-elect of the Vanderburgh County Medical Society, recently invited a union leader to accompany him on a day's rounds.

C.I.O. man Floyd Moss showed up at 7 A.M., pencil and notebook in hand. From then until midnight he followed Dr. Kleindorfer through a blistering schedule of operations, bedside consultations, and office hours. When the doctor finally called it quits, Floyd Moss was dog-tired; life on the Chrysler assembly line, he confessed, was never like this.



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How to Provide for Your Children

● It is no exaggeration to say that faulty estate planning can blight the lives of your children. If you doubt it, take note of these real-life examples:

Dr. A is 81 years old and rich. He has a daughter living in quite modest circumstances—yet he still holds on grimly to every nickel of his fortune. His daughter's views on money are understandably becoming warped. When she finally does come into the estate, it's hardly likely that she will be able to bring a sensible attitude to bear on the privileges and responsibilities of wealth.

Dr. B, on the other hand, left everything outright to his son, aged 21 at the father's death. Within three years, most of the money was gone—dissipated in a starry-eyed scheme for prospecting oil in Central America. In the twelve years

since then, the son has had some small success in the insurance business. But he and his family will never enjoy the security they might have had if his father had taken steps to protect him from a youthful error of judgment.

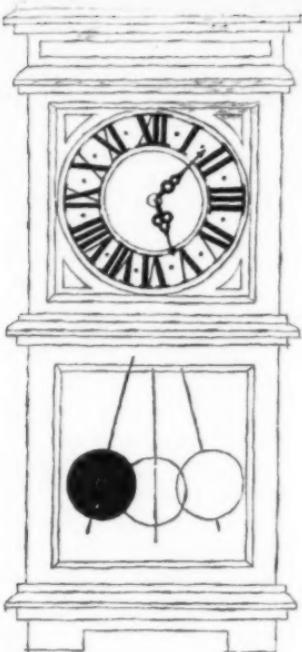
Dr. C chose to be super-careful, leaving his estate in trust for his son for life. The son is now 36 and has never worked. Since his income is a comfortable one, he sees no point in taking a job. Several years ago, he had an attractive opportunity to go into business; but he couldn't raise the capital. The trust contains no provision for paying out such sums.

With the best of intentions, sound planning for your children is no snap. What you can give them in education, training, and character-building is obviously far more important than the amount of money

This article is the tenth of a series. The author combines a busy New York law practice with teaching, writing, and lecturing. He is moderator of the estate-planning course

*By Rene A. Wormser, LL.B.
at New York University and author
of such books as "Personal Estate
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"Theory and Practice of Estate
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3 minutes¹, washing with *Bactine*, as shown by hand disinfectant tests, leaves hands surgically clean—with a greater reduction in removable organisms than the eight minutes with the conventional soap and alcohol surgical scrub.

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you can leave them. But if they are to come into money, the questions of *when* and *how* it reaches them deserve the most careful consideration.

Age of Discretion

It has been my experience that few people attain sufficient judgment to handle substantial sums of money until they are some years beyond legal maturity. Naturally, the exact age varies with the individual. I like 28 as the average good-sense age. With *your son*, however, it may be 26 or 32. (If he hasn't a reasonably level business head by 32, he may never have it—though of course there are exceptions.)

The installment method of giving is a good one. Through a trust created by will, for example, you could specify that your son receive one part of his expectancy at 26, another part at 28, the rest at 30. Or, if you like, spread the payments still more. If the boy loses some of his first money, he may learn lessons that will help him do better with what comes later on.

All this assumes that your wife is fully provided for. She comes first, of course. But if you're leaving a sizable estate, there's no reason why your children shouldn't receive something during her lifetime.

You could stipulate that payments be made them at a certain age. Or you could authorize your trustee to make payments for spe-

cified purposes, or even at his own discretion. Whenever possible, children should be given access to principal for such reasons as improving themselves in business, setting themselves up in a profession, or otherwise enhancing their opportunities and earning power.

With estate taxes as they are, you'd also be well advised to consider giving your children something during *your own* lifetime. Such gifts can play an important part in their education in money management.

You're the Teacher

A man owes some instruction in these matters to both his wife and children. If you have a daughter, don't assume her investment affairs will be handled by her husband; he may be the impractical sort. Besides, most wealth sooner or later falls into the hands of women—most of whom are pathetically ill-prepared for the responsibility.

In planning for a son, don't forget about his wife. An eminent judge once referred to the daughter-in-law as "The Forgotten Woman" of estate and trust matters. The remark was prompted by all the testamentary trusts he'd read—many of them providing that, if the son should die before coming into the principal, his widow was to be bypassed and the money earmarked for the grandchildren.

When this happens, a court guardianship is set up; the estate is



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Vitamin B ₂	2 mg.
Vitamin B ₆	0.3 mg.
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then administered under it. Investments in such cases are ultra-conservative. The income is correspondingly low. The mother must go to court for periodic hand-outs to keep the family going. When the children come of age and get the principal, she's thrown on her own resources or on their largess.

It has always seemed to me that a man truly interested in his grandchildren should provide fair treatment for the woman who raises them. At least he can give his son a power of appointment under the trust, letting the son decide what interests and management rights his wife may have.

Trustees and Guardians

A court guardianship is seldom a desirable thing. If any of your immediate heirs is under 21, you'd be wise in adding an administrative clause to your will, obviating the need for the court's stepping in.

Through such a clause, you can appoint a trustee to administer the child's property as a trust. You can give the trustee all the investment latitude possible under the ordinary

trust form. You can authorize him to accumulate whatever part of income he sees fit, and to pay the rest (or some of principal, for that matter) to the child or his parents or his guardian, or to anyone else for the child's benefit (for example, to a boarding school).

Whether or not you appoint a trustee, it's well to name a guardian for any under-age children who are direct beneficiaries under your will. If your wife survives you, she cannot be deprived of guardianship, except on very serious grounds; if you're a widower, the next of kin is ordinarily entitled to this role. But the court will always give your appointment the greatest possible weight. For instance, if it's a choice between one or the other of the child's grandmothers, your selection will almost certainly tip the balance.

You can, if you wish, divide the guardianship function. That is, you can appoint one person to have physical custody of the child and another to manage his funds. This is an unusual step, but one that's worth keeping in mind. END

Arrythmia

I wonder if current high mortality
From heart disease is a fatality
Brought on by labors to be rich and smart
Instead of trying just to have a heart.

—DON EASTMAN

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• Cool and Mild!



CAMEL

What's Ahead in Civil Defense

Most physicians can expect definite assignments during coming year, say planners

- Many of the nation's preparations for civil defense—including the medical side—are still grinding through what has been termed the "organization phase."

With a few exceptions, this phase is tangled in public apathy, insufficient funds, lack of a specific legalized set-up, indistinct chains of command, and mimeographed instructions tucked away unread in desk drawers.

Yet the program is slowly moving forward. And its effect on the average physician will be more and more apparent during the coming year. What's in store for him?

C.D. officials will intensify their efforts to get doctors to volunteer for C.D. work. This means that medical men will be asked for something more than mere willingness to serve in an emergency and to attend classes on treating atomic injuries. These are the smallest parts of a doctor's current responsibility.

Many a physician will be asked to do his share in arousing people—at least his own patients—from their

apathy on civil defense. He'll be asked to help promote state and local legislation, and to help train semi- and non-professional personnel for emergency medical work.

Why can't paid C.D. workers do the bulk of this? Because paid workers are still scarcer than snow in Palm Beach.

Top authority on the medical phases of C.D. is the Health and Special Weapons Defense Division of the Federal Civil Defense Administration, Washington, D.C. Two months ago, it had only twenty-two persons on its staff, including part-time consultants and office help. What's more, few states today have more than skeleton crews of paid C.D. officials. So a large part of the burden will continue to be carried by medical volunteers.

The M.D. will rub elbows with allied professional men as never before. The objective, if The Bomb falls on American cities, will be to make medical care "as adequate as possible." To achieve this, a recent national medical civil defense conference at A.M.A. headquarters in Chicago resolved to make use of all medical and para-medical personnel. On recommendation of a mem-

By Clarence E. Sutton

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ber of the A.M.A. Council on National Emergency Medical Service, osteopaths were specifically included in the list of para-medicals.

Just how to integrate non-M.D.'s into the plan was shunted off as a local problem. The doctor who is suspicious of giving responsibility to anyone except a full-fledged M.D. may find himself asked to head and train a medical aid team—including, perhaps, a dental student, a chiropodist, a children's nurse, an apprentice pharmacist, and laymen ranging from masseurs to stock clerks.

Training will be stepped up. As more and more laymen are schooled in first aid, the emphasis will shift to tactical problems. There will be more city-wide tests, training medical teams to assemble and arrive at predesignated points in as few minutes as possible. Many C.D. authorities want to see such tests conducted on a state-wide level.

Specialists may find their specialty set aside for emergency planning purposes. Local planners are realizing the impossibility of sorting out specialists during a crisis. Cincinnati C.D. officials, for example, define physicians as "Ohio-licensed practitioners of medicine and dentistry, including junior and senior students in the professional colleges of each." These men are now being divided into four working groups: "surgeons," "anesthetists," "non-surgeons, M.D.," and "non-surgeons, other."

The doctor may be asked to dig

into his own pocket to help the program along. Already doctors, other citizens, and private organizations have been forced to subsidize postage and other costs to keep local civil defense alive. Many delegates to the medical civil defense conference in Chicago paid their own fares.

A lot of cities and states, including "main target areas," are still getting no funds for C.D. The Federal Government has put up \$20 million in matching funds; but a state must put up an equal amount before it can collect its share.

By last November, only eleven states had applied for C.D. money, and the total requested was less than \$7 million. Yet there are "primary targets" in twenty-seven states.

Until fund distribution is speeded up (by state and local legislation), many individual C.D. programs will have to drum up expense money as



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Closely approximating the composition of breast milk in other factors, Lactogen, however, provides a one-third more liberal allowance of protein.

Lactogen is prepared by simply stirring into warm, previously boiled water. It is made up with equal ease, either for a single feeding or for an entire day's use.



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Dilute . . . Then feed

In normal dilution, Dextrogen yields a formula containing proteins, fats, and a mixture of carbohydrates in quantities and proportions eminently suited for infant feeding. Its higher protein content provides a liberal allowance for every protein need of the infant. Its lower fat content makes for better tolerability and for improved digestibility.



All the mother need do is pour the contents of can into a properly cleaned quart milk bottle, and fill with previously boiled water. Makes 32ounces of formula, ready to feed.

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best they can. More dipping into the treasuries of medical societies and more appeals to private industry can be anticipated. Doctors already have been asked to contribute equipment and supplies for first-aid training.

Sooner or later, most physicians will get definite assignments for civil defense. Just how soon will depend on where they're located. A resolution passed unanimously at the national medical C.D. conference in Chicago asked that all medical and para-medical personnel be assigned within one year. This was the only national timetable to come out of the two-day session.

Panels at the conference revealed two schools of thought. Some men felt that fast assignment, at least on a temporary basis, was essential. Others believed that assignment should not be made until all preliminary organization was over.

Those in favor of early assignment argued that disaster in some form might strike anywhere tomorrow. To back up their case, they pointed out what happened a few years ago when an earthquake shook the State of Washington.

A short time before the disaster, the Seattle Red Cross had made tentative plans for emergency first-aid teams, each headed by a doctor, to stand by at fire stations in the event that an accident cut off phone service. When the earthquake occurred, not even the first organizational meetings of the teams had

been held. Yet after the quake, fifteen of the city's twenty-six fire stations reported that first-aid teams were awaiting instructions.

Assignment is an actuality in some areas. In one of the most recent C.D. tests, 350 of the M.D.'s in and around Providence, R.I., rushed to ten assembly areas when warning sirens sounded. In some cities like Milwaukee, the local medical journal lists assignments of doctors who volunteer.

A get-tough policy may be adopted in areas where civil defense lags, particularly in major target areas. Many C.D. officials believe the program will continue to be voluntary. But others are predicting that state and local laws or the disciplinary action of county medical societies may bring in those doctors who either are "too busy" or just don't believe that bombs will ever fall on U.S. soil.

Rural doctors will hear more about setting up plans for such local emergencies as tornadoes, floods, and train wrecks. And nearby target areas will ask them to set up mobile disaster teams. Washington and Oregon, for example, are planning to ask Northern Idaho and Montana for promises of mobile units if needed.

In many places, doctors who form mobile teams may find that the lack of specific legislation will prevent them from helping their neighboring states. Some C.D. officials think this problem will eventually be

"...available evidence indicates that one of every five adult women harbors this parasite [*Trichomonas vaginalis*]."¹

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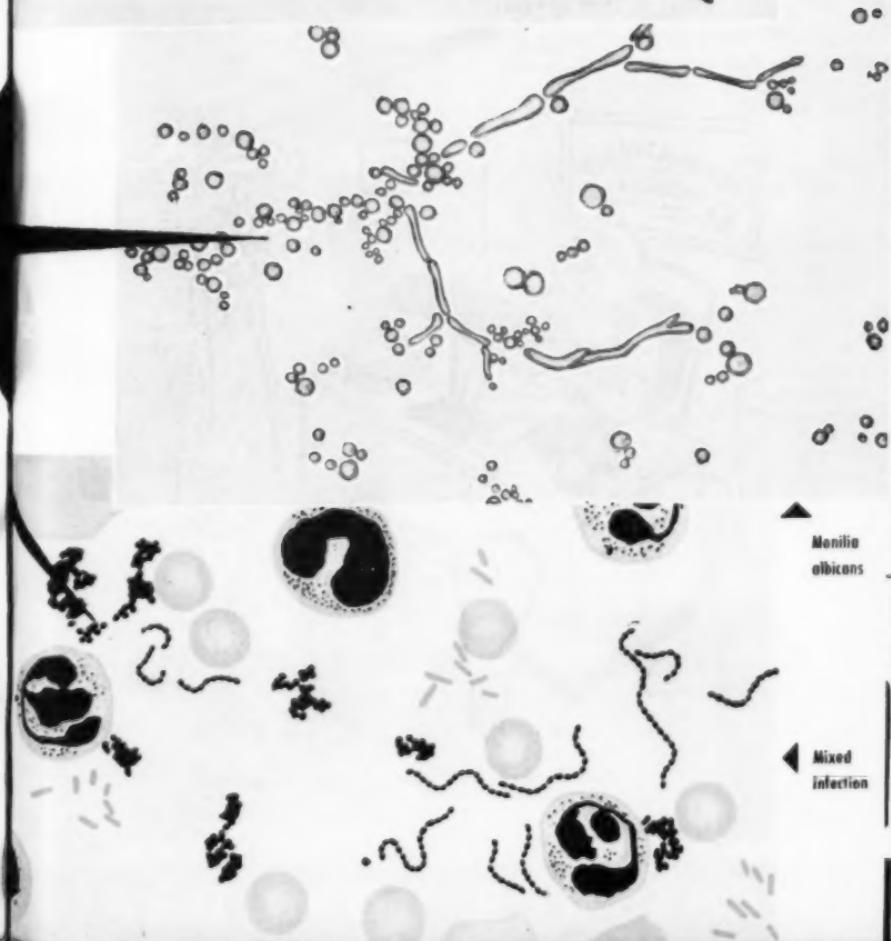
FLORAQUIN POWDER—for office insufflation.

*Kuder, K.: Vaginal Infections, J. Am. M. Women's A. 5:173 (May) 1950.

SEARLE RESEARCH IN THE SERVICE OF MEDICINE



Trichomonas
vaginalis



Monilia
albicans

Mixed
infection

solved by mutual-aid agreements.

What is the national picture?

So far, there has been little forwarding of information to any central national body. To help fill this gap, the A.M.A. Council on National Emergency Medical Service is starting a survey of state medical societies. Its aim: to determine how much progress is being made in medical C.D.

One of the biggest questions to date has been the local one: "Whose responsibility is this, anyway?" According to a unanimous resolution

of the Chicago C.D. conference, assignments should be "the responsibility of the legally-authorized C.D. officers . . . only after full consultation with local, state and/or national professional health organizations which exist in the various fields."

In the absence of "legally-authorized C.D. officers," medical societies and other groups have sometimes duplicated local planning. Worse than duplication, however, is no planning at all. That's one reason doctors will soon be drawn into many more C.D. activities. **END**



"Miss Fralick, see who's itching to get in."

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Apply daily after a mild soap bath and thorough drying. A thin invisible, economical film suffices. No bandages required. After one week, adjust to patient's progress.

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can be given most of these patients by prescribing *Decholin/Belladonna*, alleviating spasm and stimulating liver function.

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reliable spasmolysis

The belladonna component of *Decholin/Belladonna* effectively relieves pain due to spasm and incoordinate peristalsis, and facilitates biliary and pancreatic drainage through relaxation of the sphincter of Oddi.

improved liver function

Dehydrocholic acid (*Decholin*), the most powerful hydrocholeretic known, increases bile flow, flushes the biliary tract with thin fluid bile and provides mild laxation without catharsis.

DOSAGE

One or, if necessary, two *Decholin/Belladonna* Tablets three times daily.

COMPOSITION

Each tablet of *Decholin/Belladonna* contains *Decholin* (brand of dehydrocholic acid) 3½ gr., and ext. of belladonna, 1/6 gr. (equivalent to tincture of belladonna, 7 minims). Bottles of 100.



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XUM

• Got a pencil handy? O.K., get a firm grip on it (if your tax-shattered nerves will permit) and take stock of your 1951 professional deductions. Listed below are all the important ones that the Bureau of Internal Revenue allows the physician in private practice. These professional expenses should be listed on Schedule C* of your Federal income tax return.

This checklist can be used in two ways: first, as an original reminder of things to deduct; second, as a final check to make certain you haven't forgotten anything. Here goes, then:

- ACCOUNTING: Amounts paid for bookkeeping, preparation of tax returns and estimates, and general auditing of books.
- AUTOMOBILE: Full operating cost if automobile is used only for professional calls or if other use is inconsequential. No part of cost if use is solely for transportation between home and office. Proportionate cost if part of use is nonprofessional. When permitted as a busi-

*Remember, too, that elsewhere on Form 1040 you can deduct a number of non-professional expenses as well. Among them may be casualty losses; maintenance of rented-out property; losses from asset sales; interest payments; charitable contributions; and many state and local taxes (real estate, income, personal property, sales, cigarette, and—in some states—gas and liquor taxes).

Check

and double-check

Your Professional Tax Deductions



By Alfred J. Cronin

The author is a member of the firm of Murphy, Lanier & Quinn, public accountants.

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ness deduction, auto upkeep includes chauffeur's salary and uniform; depreciation; repairs; tolls; towing; garage rent; gasoline; oil; insurance premiums (fire, theft, collision, liability, etc.); lubrication; license fees; loss or damage not covered by insurance; loss on actual sale of automobile, with depreciation considered; tires and tire repair; automobile inspection fees; parking charges; and auto club dues.

BAD DEBTS: Arising from business loans or services performed if previously reported as income.

CLUBS: Dues and expenses if they are necessary for maintaining business or professional contacts. These include payments to service clubs and chambers of commerce if such membership is intended to benefit you in a professional way. (Itemize amounts, and name organizations.)

COLLECTIONS: Expenses incurred in collecting professional accounts; attorneys' fees are included.

CONVENTIONS: Cost of transportation to and from meetings; cost of rooms, meals, phone calls, tips, and such.

CREDIT BUREAU FEES

DEPRECIATION: On all your professional property, including automobile, instruments, books, equipment, furniture and fixtures, or any other asset having a useful life of more than a year.

ENTERTAINMENT: Meals, drinks, theatre tickets, admission to games, transportation, and other entertain-

ment costs if they are "ordinary" and "necessary" to your practice. (See page 87.)

EQUIPMENT: Books, instruments, and equipment used in your professional work and having a useful life estimated at one year or less; also rental of equipment necessary to practice.

GIFTS: If ordinary and necessary to your practice, and if their benefit can be proved (see also Entertainment).

INSURANCE: Premiums on policies in connection with your profession, covering accident, burglary, public liability, fire, storm, theft, or malpractice; also indemnity bonds on office employees.

INTEREST: On practice-connected loans and mortgages. Interest on installment contracts is deductible only if it appears as a separate item.

JOURNALS AND BOOKS: If estimated to have a useful life of one year or less. Most medical journals and books are considered to be in this category. Cost is one determinant. For example, a set of books costing \$100 probably would not be allowed as current expenses. But yearly depreciation on such books would be allowed as a tax deduction.

LEGAL: Litigation expenses in connection with your practice.

LICENSES: Physician's annual license fee.

LOSSES: Losses not covered by insurance (or in excess of insurance

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Dieckmann, W. J., et al.: Am.
Obstet. & Gynecol. 59:442,
1950.

Full bibliography available upon
request.

White's

collected) that result from property damage caused by fire or acts of nature; damages paid as a result of civil suits against you; business bad debts; theft losses; damage to your automobile.

MAINTENANCE: Full maintenance cost of building used entirely as your office (proportionate cost if part of property is used for office, part for home). Maintenance includes such items as heat, light, water; repairs, painting, decorating; wages paid to janitors and elevator men; payroll taxes; and depreciation.

MEDICAL SOCIETY DUES

MOVING: Such expenses if in connection with your practice.

RENT: If paid for professional equipment of office quarters. If only part of residence is used for business purposes, only a proportionate part of the rent is deductible.

REPAIRS: Repairs to your office, including costs of decorating, painting, patching, alteration (other than permanent improvement); putting property in safe and efficient operating condition; new surfacing; repairs to roofs; repairs necessitated by a casualty, such as explosion, fire, or hurricane (not including capital restoration). Also covered are repairs to medical and business equipment.

SALARIES: Paid to secretaries, assistants, substitutes, and other professional aides and consultants. Also the Social Security taxes (not employee's share) paid on such salaries.

If an employe devotes only part of his full services to your professional establishment, deduct a proportionate part of his wage.

SUPPLIES, MEDICAL: Dressings, vaccines, drugs, etc. consumed during the year. (See also Equipment.)

SUPPLIES, OFFICE: If used in your practice, including bills, cards, and envelopes; labels, letterheads, and printed forms; ink; postage.

TAXES: If incurred in the production or collection of income. They include taxes on admissions; bond transfer stamps; taxes on cable messages; customs and import duties; deed stamps; taxes on dues, on initiation fees, on property transportation, on radio messages, on safe deposit boxes, stock transfer stamps; taxes on telephone and telegraph messages, on local telephone service, on transportation of persons, on wire and equipment services. Federal excise taxes that have been paid by a manufacturer or wholesaler are not deductible.

TELEPHONE AND TELEGRAPH: Such costs if incurred professionally.

TRAVEL: Expenses of going to convention affecting your practice, including baggage transfers, lodgings, meals, railroad fares, plane fares, boat fares, bus fares, telegrams, tips.

UNIFORMS: Purchase price and laundering costs, on the theory that the uniforms are required by custom or for reasons of cleanliness. Such uniforms must not be suitable for ordinary wear.

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Norcross, B. M., N. Y. State J. Med. 51: 2356,
Oct. 15, 1951.

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More Doctors for Rural Areas

[Continued from 78]

cieties have discovered, the dissenters just don't relish competition.

Matching the right doctor to the right locality, even when they're in the market for each other, is a major job even for a good state placement service. To protect their towns, progressive states delve deeply into the record of town-seeking doctors.

Missouri, for example, tries to interview each M.D. before recommending him for placement. In some towns, his citizenship and religion may be important. There's also the question: *When* will he be available? (More than one man with several years of residency ahead has tried to line up a town and keep it dangling on his string.)

Nebraska, too, has found it vital to screen doctors with care and to check their references. One lesson was learned in a small town, where a doctor, acting independently, got support from a local banker and lumber man. They put up \$10,000 for his office and equipment, only to discover that their "find" didn't have a Nebraska license—in fact wasn't eligible for one.

Military service has given towns trouble. A West Texas town built a hospital to attract a doctor, got two

right off the bat. But within a month the Army snatched them both. Fortunately, Texas has a placement service with a full head of steam. The state medical society's relocation secretary wrote twenty personal letters to other footloose M.D.'s; and inside of a month the town got two replacements.

Then there's the question of bona fide need. The truth is, not all small towns that send up distress signals actually require doctors these days. Many can't support one full-time. What they may need, placement experts point out, is an ambulance service or perhaps a local nurse.

In the horse-and-buggy days, a town often did need a doctor on tap. Today, an M.D. living thirty miles away may be able to cover a small township adequately, provided it has first-aid facilities.

Appraising a town's real need means digging for facts. To do the job intelligently, an A.M.A. official advises state societies to "evaluate the need by trading areas—not by township, county or other arbitrary lines." Illinois, for example, asks each doctor-seeking town to submit a spot map showing all active M.D.'s within a fifteen-mile radius.

In Mississippi, a state health department doctor does much of this investigative work for the medical society. But local doctors help out, too, and legislators are often called on for data about their districts.

The Missouri State Medical Association sends its field man to check

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2. **Pleasant to use:** Benzedrex Inhaler has a clean, medicinal odor. It is agreeable to even the most sensitive nostrils.
3. **Effective:** Benzedrex Inhaler provides the prompt and satisfying relief from nasal congestion that patients expect from a product recommended by their doctor.

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town conditions with mayor, chamber of commerce, townspeople, and other doctors. Explains Dr. C. Edgar Virden, president of the association:

"We try to find out how much *enthusiasm* there is for getting a doctor and keeping him. Will they go to him only during the frozen-in winter months, then visit a doctor in a neighboring town when the spring thaw comes? That sometimes happens."

What's to be done about places that can't support a doctor, no matter what their need? Poor but sometimes populous, they are the toughest problem of all. As one medical leader says, "The doctor who goes to them must be a missionary—or unable to make a living elsewhere."

The doctor attracted to a rural practice these days will usually find

plenty of patients. Most likely too, he will do well financially.

As more states follow the leaders in putting over the case for country practice, underprivileged towns can expect to see a gradual redistribution of medical care in their favor. To the New York Times, for one, this is rural medicine's silver lining:

"States that have placed doctors in small towns by the score in recent years . . . [have] offered proof that the country doctor would return in modern dress if there were some appropriate retouching of the medical scenery."

Once young M.D.'s discover where the green pastures of practice really are, the time may come when the big cities will have to do some fishing of their own to recoup their losses.

END

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"Yeah, the Army rejected him . . . for perforated eardrums."

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Ext. Belladonna . . . 15 mg. ($\frac{1}{4}$ gr.)

SUPPLIED:

Elixir Butisol-Belladonna in bottles of one pint and one gallon.

Samples on request.

1. Dripps, R. D.: Selective Utilization of Barbiturates, J.A.M.A. 139:148-150 (Jan. 15) 1949.

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INTERNATIONAL BUSINESS MACHINES

What Happened at Los Angeles

[Continued from 81]

one concerned . . . will work together to supply the greatest possible good-quality medical and hospital services to the public." Thus the troubled waters of doctor-hospital relations were slicked down by medicine's policy-makers.

All previous A.M.A. statements on the subject "need clarification," it was announced at Los Angeles. Promptly there materialized a new document combining the chief elements of the Hess Report *et al.* In familiar language, it warns hospitals against profiteering from the work of their staff specialists. But it also modifies certain key policies that previously caused bitter dispute:

1. The threat to drop offending hospitals from the A.M.A. approved list has been lifted. This used to be the big stick: "If and when a physician is found to be unethical . . . and he is still retained on the staff of any hospital approved for resident or interne training . . . it shall be the duty of the Judicial Council to request the Council on Medical Education and Hospitals to show cause as to why that council should not remove such hospital from the approved list . . ." You won't find any trace of this in the new policy.

2. The ethical dilemma of many salaried physicians has been eased to some extent. They're still warned against working for hospitals, medical schools, and the like "under terms or conditions which permit the sale of [their] services . . . by such agency for a fee." But the warning has been softened by the added statement that this is merely "suggested . . . as a basis for adjusting controversies." The real ethical test, it now seems clear, is whether any "exploitation" exists.

There's still another harbinger of closer rapport between medical men and hospitals. You can see it in the following flip-flop on the matter of doctors' bills: Just before the Los Angeles session started, the Council on Medical Service recommended that all hospitalized patients be billed separately for their medical and hospital expenses. A few days later, the council changed its recommendation to read: "The costs of medical service rendered in hospitals should be separated from the nonmedical costs, as can be done by existing and accepted methods of cost accounting, and [should] appear thus separated on the statement submitted to the patient."

In other words, joint bills rather than separate bills have A.M.A. approval.

What's the long-range significance of medicine's new statement on hospitals? Mainly, that it's more of a guidepost and less of a war club. "These principles will be a lot easier

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to live with than the earlier ones," said one delegate—and many a staff physician might well say amen.

"*Each one of us owes a debt to medical education,*" said A.M.A. President John Cline. "No one of us has contributed [in tuition] the full cost of his education . . . Let us discharge this debt promptly. We have in effect accepted a challenge, and it is up to us to make good."

At the moment, America's medical men are a long way from making good. The challenge they've accepted, as everybody knows by now, is represented by (1) the huge operating deficits of our medical schools, and by (2) the eagerness of the Federal Government to pour its funds into the breach. The A.M.A. stoutly maintains that "adequate funds from voluntary sources can be secured." But the point has yet to be proved.

The A.M.A. kicked off its fund-raising campaign a year ago, by earmarking half a million dollars for medical schools. Last month it contributed another half-million. But individual M.D.'s—who could balance the schools' budgets all by themselves if they gave \$50 per man—have been slow to back up their association.

"We had hoped earlier this year," said Dr. Elmer L. Henderson, "to be able to report \$1 million contributed by physicians. But we're far from it even now. We've received individual contributions from only 1,361 doctors, and there are three states

without a single contributor. We have got to prove to the folks in Washington that we're determined to support medical education. It is imperative that we don't fall down."

Signs are that early 1952 will see an upsurge in contributions. Fund-raising committees are being organized in all states; they'll approach local medical men personally. And doctors will soon be getting official credit for the money they give directly to their alma maters (\$500,000 last year, in the case of one school).

Until the profession hits the \$1-million-a-year level, however—and until this is augmented by additional gifts coming in through the National Fund for Medical Education*—

*See page 115, this issue, for news about this voluntary fund-raising group, whose honorary chairman is Herbert Hoover.



"Remember, Madam, the more you cheat on your age, the more overweight you'll be."



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the problem will remain (to quote the A.M.A.) "one of the most serious problems . . . in the whole health field in recent years."

• • •

It was Dr. Elmer Henderson who set off the political alarms. "The election year ahead," he thundered, "is perhaps the most critical year of the medical profession's existence . . . Before this time next year, the die will be cast as to who will be responsible for the health of Americans in the future—whether medical men, or politicians . . ."

Not much was said about it officially, but doctors will soon be mobilizing for political action much as they did in 1950. During that year, although they were acknowledged amateurs at the game, success crowned their efforts in 90 per cent of the Congressional campaigns where compulsory health insurance was an issue.

Can they do it again? The local doctors who sparked the previous affairs are set to try. They are band-



...the best is yet to be



For those approaching middle life, the years ahead *can* be the best — provided normal metabolic functions are safeguarded. In such interrelated disorders as atherosclerosis, diabetes mellitus, and liver disease, the clinical findings are likely to include abnormal fat metabolism (with accompanying deposition of cholesterol) and abnormal capillary fragility.

Prophylaxis against these threats to the older patient may be established and maintained with VASCUTUM.

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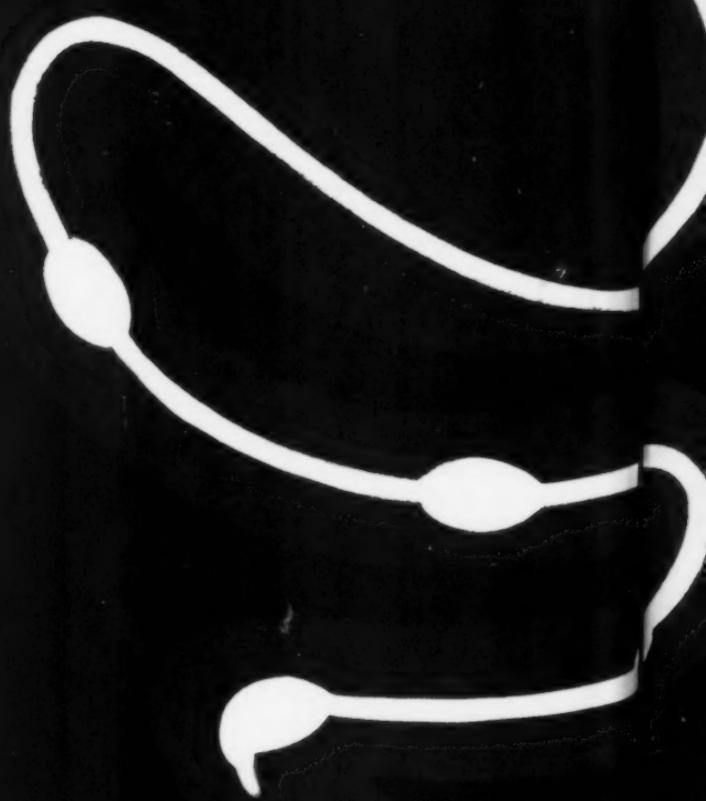
The average daily dose [6 tablets] provides:

Choline	1 Gm.	Pyridoxine HCl	4 mg.
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Motility recordings from the small intestine (by the multiple-balloon intubation technic*)—plus controlled clinical observations—have demonstrated the superiority of natural belladonna alkaloids (as in Donnatal) over atropine alone, and over the newer synthetics, in relieving smooth muscle spasm with minimal side-effects.

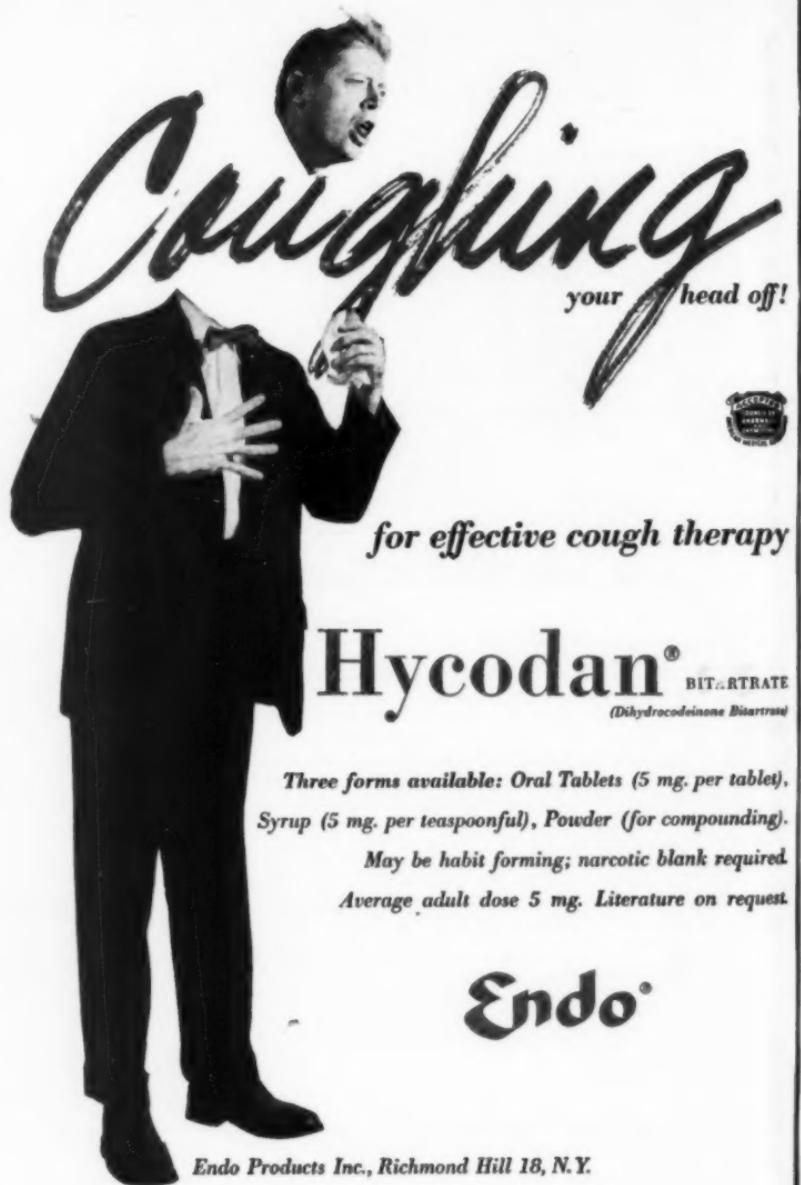
Each tablet, each capsule and each 5 cc. (1 teaspoonful) of elixir contains hyoscyamine sulfate 0.1037 mg., atropine sulfate 0.0194 mg., hyoscine hydrobromide 0.0065 mg., and phenobarbital (1/4 gr.) 16.2 mg.

*Kramer, P. and Ingelfinger, F. J.: *Med. Clin. North Amer.* 32:1227, 1948.

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ing together as "healing arts committees," divorced from their medical societies and from the A.M.A. They are enlisting the help of dentists, pharmacists, nurses, chiropodists, optometrists, medical secretaries, hospital workers—and their wives. And they're asking for large quantities of time, money, and hard work—the stuff that usually swings elections.

Techniques planned? The time-tested ones: leaflets and brochures, radio and newspaper advertising, word-of-mouth discussion, and (most effective of all) the personal letter to patients. None of this will come out from under wraps until more is known about the candidates and their views.

And all of this will be organized on a bipartisan basis. For, as Dr. John Cline has said, the profession "includes approximately an equal number of Democrats and Republicans."

Adds the A.M.A. president: "The level of citizenship of the physician always has been high, but too often of the passive type . . . I urge you to be militant and determined. The time to begin is not six months hence, but now."

* * *

Every physician worthy of the name, said the A.M.A., needs to stay well informed on "the social and economic aspects of the practice of medicine, as they reflect on the patient, the public, and the profession . . ."

H A N D I T I P

Night Aid

Do you have to grope your way between garage and house after returning from a night call? Then consider installing a delayed-action light switch in your garage. After you flip the switch, the light stays on long enough for you to walk to the house before darkness descends.

If you have any lingering doubts about it, consider this melange of non-scientific matters dealt with last month by the A.M.A. Among other things, the delegates:

¶ Approved a new statement by the Judicial Council on the ethics of entertaining colleagues: "There are times when this is a necessary concomitant of professional practice . . . entirely proper and justifiable." Purpose of the new statement: to help convince doubting tax agents who have been disallowing such deductions.

¶ Relayed the problem of too many medical meetings to the newly-formed Joint Commission on Hospital Accreditation. This body (which includes six members each from the A.M.A. and the A.H.A.) seemed in a good position to investigate the chief source of trouble: required attendance at hospital staff meetings.

¶ Protested the proposed defer-

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ment of chiropractic students under Universal Military Training, since chiropractic has been "scientifically proved to be without merit."

¶ Girded for a 1952 legislative campaign aimed at authorizing physicians (and other self-employed professionals) to build up their own retirement funds exempt from income tax. Congress was ready to give this objective "serious consideration," delegates were informed.

¶ Balked at several planks in the broad health platform mapped out by the New Jersey medical society as a proposed guide for the A.M.A. Among the statements objected to were (1) that the A.M.A. should exclusively support nonprofit health insurance plans; (2) that full-service benefits should be provided without any income limits; and (3) that Public Health Service physicians should be assigned to areas short of private M.D.'s.

¶ Accelerated the expansion of physician placement services, while noting that loan funds are less important than personal contact work in drawing doctors to the country. The consensus: "Finances should be little or no problem to the young practitioner." The real problem, the delegates added, is getting a town to provide suitable facilities—and then putting it in touch with a good prospect.

¶ Toned down a statement on socialist teaching in our schools, adopted by the A.M.A. in June 1951. Reason: Leading educators had interpreted it as an attack on the whole public school system. Referring to

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Rutherford, N.J.

the "insidious philosophy of collectivism," the revised resolution said: "Those educators who have seen this danger and are opposing it deserve our hearty commendation . . . Those who have attempted to pervert our school system . . . should be relieved of further opportunity to achieve their goals."

¶ Authorized a broad study of the money being spent for medical research: "Many scientists are alarmed at the lack of funds for free research (*i.e.*, research not connected with any particular disease) . . . This lack needs to be pointed up if indeed it exists."

¶ Heard the A.M.A. president caution the association (which now has nearly 900 headquarters employees, an annual budget of \$9 million) against the sort of "bureaucracy and inefficiency" that doctors complain about in government.

¶ Stressed that there's no substitute for taking Negro physicians into local medical societies. A resolution from North Carolina had asked that the organization of Negro physicians there—the Old North State Medical Society—be recognized as an affiliate of the A.M.A. Commented Dr. Peter Murray, the A.M.A.'s sole Negro delegate: "The best solution is to bring Negro physicians into our local medical societies, where they can benefit from closer association with the rest of the profession. But it's got to be done locally. The A.M.A., as a democratic national body, can't solve the problem in North Carolina or anywhere else simply by issuing an edict."

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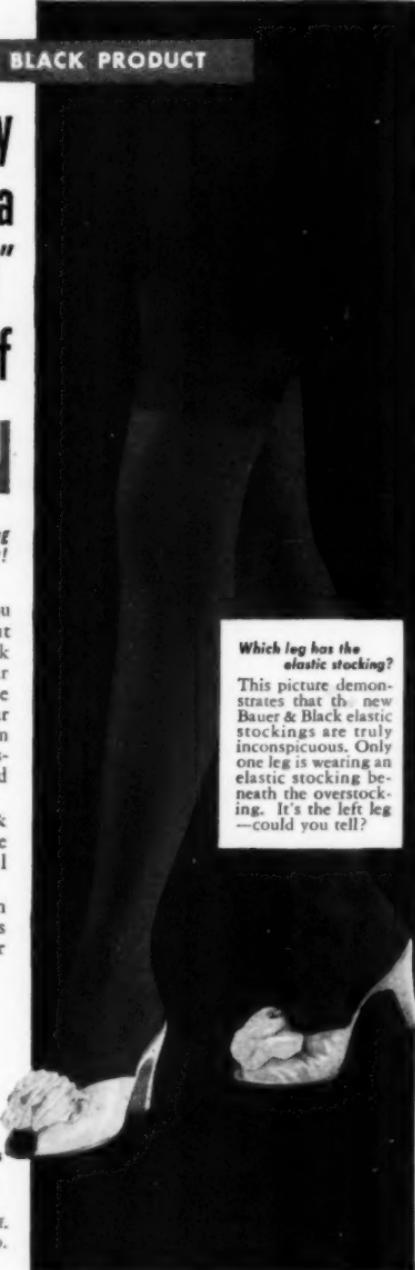
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The Newvane

Fails in Effort to Jail Hospital Officials

Once more a chiropractor has failed to force his way into a hospital practice—but this time with a different twist. Instead of civilly suing, Chiropractor M. E. Gingrich had the trustees of Grand View Hospital (Ironwood, Mich.) arrested on a criminal complaint. His charge: willful neglect of public duty in discriminating against him.

Gingrich, who testified that both he and a patient were refused admission, lost out in his effort to jail the hospital officials when Circuit Court Judge Thomas J. Landers dismissed his charges. Ruled the judge: ". . . A public officer cannot be subjected to criminal prosecution for failure to perform duties which require the exercise of discretion on his part, where there is no element of evil or corrupt design in his conduct."

It's the Millennium —Or Something

Have recent investigations in Congress and elsewhere made public servants more prone to honesty? The Oklahoma County Medical Society thinks so. "Recently," comments its

bulletin, "public servants have become very conscious of accepting any type of gift, even a bit of free medical care from a doctor." It offers this case in point:

While making a routine probe of an Oklahoma City doctor's finances, an Internal Revenue agent needed some minor medical attention; so he made an appointment with the same M.D. The treatment was so simple that the physician thought a bill unnecessary. Not so the Treasury agent:

He protested that he couldn't accept professional services for nothing. And he refused to leave the office until he'd (1) written a check for the bill, and (2) pocketed a receipt.

Oh, to Be in Newark, Now That Blue Shield's Here

In and around Utica, N.Y., the local Blue Shield plan paid physicians an average of \$21.48 for each in-hospital surgical procedure during one recent month. In New Jersey, whose Blue Shield headquarters city is Newark, the comparable figure was \$95.44. These were low and high extremes among fifty-six Blue Shield plans reporting "claims paid experience" for May 1951. [Turn page]

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Surgical payments to doctors participating in the other fifty-four plans ranged freely between the Utica and the Newark averages—as witness these figures reported by four headquarters cities:

Rockford, Ill.	.....	\$31.69
Little Rock, Ark.	.....	43.15
Boston, Mass.	.....	70.38
Helena, Mont.	.....	76.83

The average payment for in-hospital surgical service among all fifty-six plans was \$53.08.

Payments to doctors for obstetrical work varied even more. Here are some OB averages reported by Blue Shield headquarters cities:

Chapel Hill, N.C.	.....	\$ 34.05
Baltimore, Md.	.....	75.00
Phoenix, Ariz.	.....	97.92
Newark, N.J.	.....	130.90

The average payment for obstetrical services among all fifty-six plans was \$61.46.

West Virginia Osteopaths Again Writing Rx's

West Virginia osteopaths are again getting prescriptions filled and performing operative surgery—despite the Attorney General's recent opinion questioning their right to venture beyond the accepted limits of osteopathic treatment.

How come? Because the D.O.'s, upon learning of the opinion, persuaded Attorney General William C. Marland to tack on this statement:

"While the above [limitation of osteopaths' rights] represents our considered opinion, it is also our opinion that a serious question arises over the law here involved and we recommend that the status quo be maintained until the matter can be adjudicated by a friendly suit instituted in our courts."

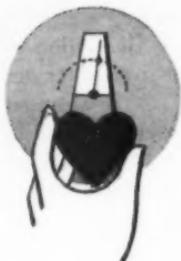
At last reports, it seemed likely that the D.O.'s would enjoy their freedom of therapy for some time; for no test case aimed at clarifying their rights and limitations was in prospect.

Indiana to Repeat P.G. Courses by Telephone

After last year's experiment with post-graduate programs by long-distance telephone, the Indiana State Medical Association totted up results, found them "gratifying," and has now started a new 1951-52 series beamed at local doctors.

During the seven-course series a year ago, the number of participating county societies ranged from thirteen for the first program to a high of thirty-one for the sixth. Last April, a cancer round-table discussion, which was carried over the statewide telephone hookup, had a potential audience of 1,200. By charging the societies 50 cents a member per program, the association found that its project proved "entirely self-supporting."

Admittedly "not the complete answer to post-graduate education,"



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Indiana's P.G. instruction by phone has nevertheless brought top-notch courses to local societies that couldn't have afforded them before. Another bonus: "Many societies report their attendance has increased because of these programs."

M.D.'s Rally to Cope With Disaster on the Prairie

Ever wonder what would happen if sudden disaster struck one of those sparsely settled areas that, according to some of medicine's critics, have inadequate medical care?

Just such an area is the plateau country around tiny Flagler, Col., where, not long ago, tragedy did strike. It was on a Saturday afternoon, and many of the county's prairie farmers were in town to see the air show. As one stunt plane swooped in over the upturned faces, its wing dipped. Out of control, it plummeted into the crowd. The toll: twenty dead, forty injured.

Within minutes, Flagler's twelve-bed hospital was filled. Local M.D.'s William L. McBride and John C. Straub faced more work than they could handle. Word of the tragedy was flashed to near-by towns.

When Dr. R. F. Courtney, forty-five miles away in Burlington, heard the news, he jumped into his private plane. He reached Flagler in twenty minutes. In other Colorado towns (and some in western Kansas), doctors packed plasma and dressings into their cars and raced toward



Edward T. Wentworth
End the resistance movement.

Flagler. From Denver's Lowery Field came an emergency team.

Ninety minutes after the plane had crashed, every last member of the Eastern Colorado Medical Society was present. There were actually more doctors than patients on the scene.

Urges Medical Men to Resist Change Less

Are physicians getting a reputation for blind resistance to progress? Are they in danger of being "stamped as a pushy, selfish group"? Rochester's Dr. Edward T. Wentworth, president-elect of the Medical Society of the State of New York, fears so. He warns the medical profession that it must assume "social leadership" and work for improvements

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Carefully controlled clinical studies prove that KHELLOYD provides definite relief from pain in about 75% of the angina pectoris cases studied. Thus, KHELLOYD does everything that drug therapy can be expected to do in this condition.

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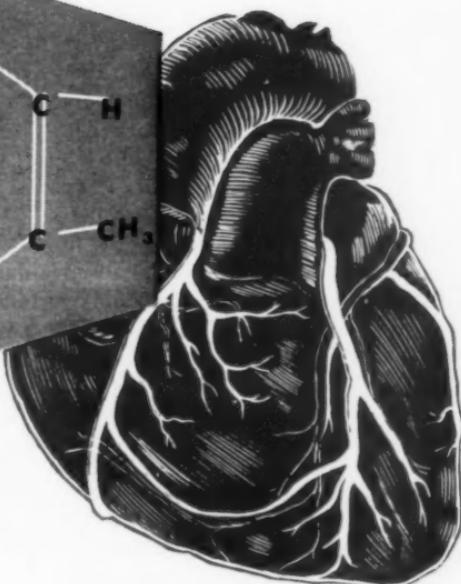
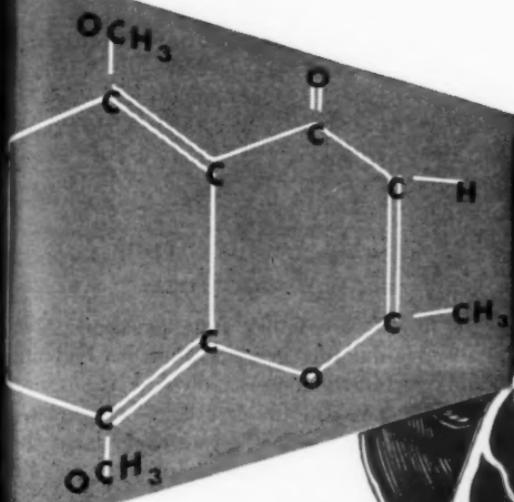
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Each tablet contains:

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Phenobarbital	1/4 gr.

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Watt, R. C., and Seiwert, V. J., to be published.

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in the general health and welfare.

"The surest way to lose our favorable position in society is to be forever defending it," he says. "The surest way to improve our favorable position is to do everything possible to better the society in which we live."

Dr. Wentworth points out that though medicine must be alert against socialism, it can show that the changes it favors "are more advanced, more meritorious than socialism." These changes involve, as does socialistic doctrine, "the financial spread of costs by the insurance system, where feasible, and by governmental financial support without technical control when insurance is not feasible." But this approach, he maintains, is humanitarian, not socialistic.

Prepay Plans Open Up to Non-Group Subscribers

Blue Shield-Blue Cross officials have received a convincing demonstration that non-group enrollments can be spread over a wide enough base to make them actuarially sound.

In Michigan last fall, every person under 65 was given a chance to join the health plans on a non-group basis during a special three-week drive. It was the area's first statewide direct enrollment campaign. Result: almost 90,000 new non-group subscribers. Group enrollments also skyrocketed: The average monthly enrollment in small

groups (five to twenty-five employees), for example, more than doubled during the campaign.

Blue Shield people had special praise for the support Michigan medical men gave the drive. They estimated that doctors and hospitals distributed more than 125,000 applications and folders to interested patients.

That's Where Your Tax Money Goes

Twelve million Americans now draw monthly benefits from the Federal Government, a New York Times survey has revealed. Here's the breakdown, showing type of payment received and the number of people receiving it:

Public assistance	5.5 million
Social security	4.0 million
Veterans benefits	3.0 million
Civil service retirement	
and other benefits	1.0 million

These add up to 13.5 million separate monthly payments. Because of some duplications, the total number of beneficiaries is put at 12 million.

False Teeth Prove No Asset in Bankruptcy

Why do people get mad at doctors? Often, because of the ill-considered actions of a few. Consider, for example, the case of Clifford Decker, a dentist in Binghamton, N.Y.:

When one of his patients went

bankrupt, the dentist asked for the right to seize the man's false teeth as assets and sell them at auction. But Dr. Decker got put in his place—and U.S. newspapers got the story.

Said the bankruptcy referee, in turning down the dentist's request:

"It is difficult to fathom the mental processes of a member of the honorable [dental] profession who would press this court to become a party to this plan to further enrich himself for the already overpriced services rendered this helpless bankrupt."

Doctors Play Role in Anti-Prostitute Drive

All's quiet these days along Main Street in Helena, Mont. The glaring neon signs no longer advertise "rooms." Girls, it's said, don't smile

from behind gaudy second-story curtains as they used to.

City officials are breathing easier, having "done their duty" and thus warded off the wrath of Helena's preachers—at least temporarily. Less placid are the business ladies ("We're citizens and taxpayers, honey," one of them told a U.P. reporter) who for years ran their establishments without inconvenience from the outside; they're convinced the whole affair smacks of unwarranted meddling with free enterprise.

As for the doctors—well, some of them are a bit chagrined over the coast-to-coast newspaper publicity given their role in Helena's recent anti-prostitution crusade. Nevertheless, it took a resolution passed by the local medical society (not unanimously) to prod city officials

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- 1 Maison, G. L., and Stutsman, J. W.: Bioassay for Veratrum Derivatives Based on Hypotension in Dogs, *Arch. Intern. de pharmacodyn. et de thérap.* 85:35 (Feb. 1) 1951; Bioassay Method of Derivatives of Veratrum Viride, *Federation Proc.* 9:299 (Mar.) 1950.
- 2 Wilkins, R. W.; Stanton, J. R., and Freis, E. D.: Essential Hypertension. Therapeutic Trial of Veriloid, a New Extract of Veratrum Viride, *Proc. Soc. Exptl. Biol. & Med.* 92:302 (Nov.) 1949.
- 3 Kanouse, R., and Trounce, J.: The Hypotensive Action of Veriloid (Veratrum Viride): A Clinical Investigation, *Lancet* 1:549 (Mar. 10) 1951.
- 4 Gropper, A. L.; Burtshin, A., and Hedrick, J. T.: Effects of Veriloid on Essential Hypertension: A New Derivative of Veratrum Viride, *A.M.A. Ann. Int. Med.* 87:789 (June) 1951.
- 5 Freis, E. D.: Veratrum Viride and Hypertension, Correspondence, *J.A.M.A.* 144:1023 (Nov. 18) 1950.

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Dosage: The dosage of Veriloid varies with the individual, and even in the individual it may vary periodically. The usual daily requirement for Veriloid is 9 to 15 mg., given in divided dosage three times daily, every 6 to 8 hours, the first dose to be taken after breakfast. The evening dose should be 1 or 2 mg. larger than the other two doses of the day.

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Containing Veriloid (2 mg.), phenobarbital (15 mg.), and mannitol hexanitrate (10 mg.), Veriloid-VPM provides valuable sedation and the vasodilating action of mannitol hexanitrate. This combination usually makes possible reduced dosage without sacrifice of therapeutic efficacy. Furthermore, phenobarbital adds the advantage of widening the spread between effective therapeutic dosage and the dosage at which side reactions occur.

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into acting against the "known existing houses."

It all started last July, when Rev. Robert Prentice of the state church council charged that three Main Street brothels ran "with the full knowledge and consent of the police." He charged, further, that inmates of the brothels underwent weekly medical check-ups and had blood tests monthly—presumably by physicians anxious to augment their income.

Despite this implication, local medical men at first showed little inclination to become involved. Then Public Safety Commissioner Hugh Potter promised to close the houses "any time the medical profession asks me to." Potter himself was open-minded about the houses: "People here say they're a necessary evil."

Nor were other officials anxious to go crusading on their own. A health board officer, for example, claimed the houses caused no in-

Anecdotes

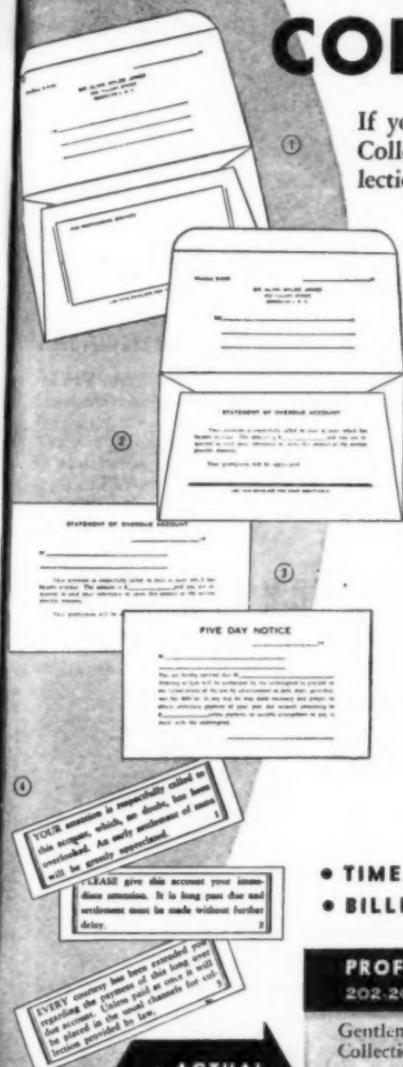
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BIBLIOGRAPHY

1. House, H. Y.: *An Integrated Practice of Medicine* (1940).
2. Fellows, M. R., et al.: *A Course in Practical Therapeutics* (1948).
3. Goodman, L., and Gilman, A.: *The Pharmacological Basis of Therapeutics* (1941). 22nd printing, 1955.
4. Ballmann, E.: *A Manual of Pharmacology*, 7th ed. (1948), and *Control Drugs*, 14th ed. (1947).

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crease in disease. "Those girls take good care of themselves," he reasoned. "Why, that's their livelihood."

With the issue put squarely up to them, Helena physicians got busy and passed their resolution. (Some medical men claimed this was unnecessary, since laws prohibiting brothels were already on the books.) And, true to his promise, Potter set out to "close" the houses. One by one, the signs came down. That, apparently, ended the matter.

But Rev. Prentice, whose report had touched off the controversy, had the last word. "The signs may have been taken down in front of those places," he conceded. "But the back doors are plenty busy."

Free Choice of Doctors Nice But Not Essential

Is completely free choice of doctors an essential ingredient in voluntary health insurance? "No!" maintains Dr. Louis B. Laplace, president of the Philadelphia County Medical Society.

Dr. Laplace believes that the only type of medical insurance likely to succeed is one where physicians who participate are effectively controlled by the administering organization. This may mean paying them on a yearly capitation basis, he adds, pointing to the Health Insurance Plan of Greater New York by way of example.

"The objection will be raised," he



Louis B. Laplace
Wide choice better than free.

continues, "that the patient does not have a free choice of physicians. He should be given, of course, at least a wide choice. [But] the importance of a free choice of physicians seems to me rather exaggerated. Actually, no one except the very wealthy has a completely free choice—persons living in a small community, for example, having no choice at all when only one physician is available."

Sees Kinks in U.S.-Aided Hospital Construction

For almost five years the Government, under the Hill-Burton Act, has been giving financial aid to community hospital-building projects. More than 1,500 projects, providing 73,000 beds, have been approved. Al-

most 100 communities that never had hospitals have been able to start work on them.

But is the Hill-Burton program an unqualified success? Not by a long shot, says Herbert E. Klarman, assistant director of the Hospital Council of New York. He points out that most of the general hospitals built with Federal aid are small (three out of five, for example, have less than fifty beds). And he lists the basic shortcomings of small hospitals thus:

¶ In terms of what they can achieve, they're costly to operate. They can't, for example, hope to offer the great variety of services that larger hospitals do, and their rate of bed occupancy is therefore apt to be low. "In a twenty-five-bed hospital, the expected occupancy rate is as low as 45 per cent. In addition, the small hospital incurs a fixed overhead expense, which is spread over a small volume of service. Moreover, in an attempt to reduce costs, less efficient—hence more costly—administrative personnel is hired."

¶ Because they can't afford to provide more than basic services, small hospitals often give patients poor care. "The temptation exists to retain the patient rather than refer him elsewhere, to perform services for him beyond the skill of the medical staff. Only close affiliation with larger, more specialized institutions will reduce this temptation."

Nor is the top-heavy emphasis on small-hospital construction the only

kink in the Hill-Burton program. Under it, Mr. Klarman goes on, hospitals tend to be built in places where community interest is greatest—rather than where the need is greatest. This difficulty, of course, springs from the fact that the community itself usually must pay a good share of a project's cost.

Also, concludes Mr. Klarman, "planning in many states has been done on the basis of political units . . . rather than on the basis of hospital service areas. Some of the communities designated as in need of hospitals would have little use for them and might be duplicating existing hospital plants if they undertook to build."

How About Time Clocks For Operating Rooms?

Instead of using fixed fee schedules for specified medical and surgical services, prepay plans should compensate physicians according to the amount of time they've spent on a case. That's the opinion of Dr. Garnett Cheney, president of the San Francisco Medical Society.

In prepayment medicine, he points out, the relationship between doctor and patient is no longer a simple man-to-man proposition. Such laymen as employers, employees, union leaders, and insurance men often play a part in the management of the plans.

And, Dr. Cheney asks, wouldn't these laymen more readily under-

stand medical charges based on units of time? Even from the medical point of view, he adds, fixed fee schedules often lack logic, since "circumstances may cause a wide variation in the time . . . involved in successfully carrying out a procedure."

Moreover, he continues, his plan would "tend to neutralize disproportionately high charges for surgical procedures." Allowances would still have to be made for an individual physician's experience and unusual skill; but Dr. Cheney believes this can be done within the framework of hourly rates.

Hawley Scores Military's 'Civil War' Planning

As an old soldier*, Dr. Paul R. Hawley, director of the American College of Surgeons, has a lot of mellow loyalties. But during the past few years (three of them as the V.A.'s chief medical director), he's learned something about the military mind. Not long ago, he summed up some of his post-military thinking: "I may be open to the charge of treason," he said, "[but I think] our medical planning for World War III . . . is based upon the same basic premises as was medical planning for the Civil War."

The A.C.S. director pointed out one fact that should be obvious: In

the event of atomic war, U.S. civilians will need more doctors than ever before. What are their chances of having them? Not good, Dr. Hawley thinks, since under the present set-up "doctors will be drafted [into the armed forces] regardless of what happens to the rest of the people."

The answer? Dr. Hawley recommends that the nation's "entire medical potential" be pooled to serve both military and civilian needs. In this way, he says, "each will be cared for and neither [will] gain a monopoly on medical care."

As a member of a Federal committee that studied military medical care recently, Dr. Hawley found any number of ways to cut down on waste. He saw widespread duplication in the medical services. Most of the trouble comes, he believes, from the armed forces' refusal to use V.A. facilities.

Dr. Hawley recalls how his V.A. successor, Dr. Paul B. Magnuson, once said he could furnish 30,000 beds for servicemen without the necessity of extra doctors. "His offer was not accepted," reports Dr. Hawley. "Instead, twenty or thirty new military hospitals opened, and these [caused] some 1,500 doctors and hundreds of nurses and technicians to be taken away from the civilian population."

He continues: "At the Hines Veterans Hospital in Chicago, there is undoubtedly the finest center in the world for the rehabilitation of the blinded . . . Ever since the war in

*A thirty-year man, ex-Major General Hawley was chief surgeon in the European Theater of Operations during World War II.

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Korea started, the Veterans Administration [has] tried to get the armed forces to transfer their blinded patients into this center . . . For many months, not a single blinded veteran was sent to this center . . ."

For good measure, Dr. Hawley offers these rhetorical posers:

"Can you tell me why the Army should . . . build hospitals to take care of amputees when the V.A. has had much more experience in caring for such cases?"

"Can you tell me why the Army should treat advanced cases of pulmonary tuberculosis . . . for years in an Army hospital?"

"Can you tell me why the Army should draft doctors to deliver babies, and to treat uncles and aunts and cousins of military personnel?"

To ignore the civilian population in military medical planning is "criminal," says Dr. Hawley. He adds: "Yet that is exactly what is being done."

Should Doctors Pay for Patients' Lab Work?

When you have a low-income patient who needs costly diagnostic services, how do you handle the situation?

Some physicians, says Dr. Charles H. Loughran, president of the Kings County (N.Y.) medical society, are baffled by this cost factor; they hesitate to advise laboratory or diagnostic tests for such patients. Result: Some patients "are treated blindly."

Often, the patient himself balks at the cost of auxiliary care. He may "either stop therapy . . . or seek help in municipal or other dispensaries." And, as a result, "the doctor loses what remuneration he might have [had] and the patient has the impersonal care of the crowded clinic."

Worse still, Dr. Loughran points out, such situations are a "real threat to continued private practice." Says the Kings County president: "If the doctor could get proper diagnostic work for all these patients, he would be able to . . . give them the personal service they deserve, and the pride



Charles H. Loughran
Why not subsidize lab work?

of the patient would not be injured by receiving charity directly."

But how can such low-cost auxiliary care be furnished? Dr. Loughran has a plan: He proposes that

each of the society's 3,700 members contribute "a very small share of his profits yearly" to a nonprofit fund that would pay for laboratory service when a patient can't afford it. At \$100 a head (Dr. Loughran's definition of a "small share") this fund locally would equal the tidy annual sum of \$370,000.

Holds Health Progress Threatens Religion

"As the fear of death—and consequently of God—has declined, man has lost the needed sense of belonging." Thus it is that medical progress has dealt religion "a stunning blow."

This statement is no jeremiad from an unemployed theologian. It comes from Frank G. Dickinson, Ph.D., director of the A.M.A.'s Bureau of Medical Economic Research. His views in these matters, however, are "not necessarily those of the American Medical Association."

Declaring that "the once powerful grip of religion on the human mind is being loosened by health progress—not, as is often claimed, by more education," Dr. Dickinson goes on to explain how all this came about:

"Religion in 1900 was an important part of everyday life. Proportionately, death was a commonplace . . . There is little wonder that the religion of the day was largely a religion of fear.

"What has happened to that fear? It has diminished as the average age at death has risen. Disease cannot be considered a weapon of the Almighty when tomorrow a research man in a laboratory may render it impotent . . . The fear of God, which the fear of death has helped to inspire, will continue to decline as long as medical progress continues."

Dr. Dickinson is not utterly pessimistic about the future of religion, though. Fear, he points out, is by no means "the sole foundation for religion."

N.H.S. Prevents Briton From Giving Extra Care

Dr. E. F. St. John Lyburn is a fairly typical Britisher. Besides having his name parted on the side, he is imbued with the Englishman's traditional sense of fairness.

Thus, he did not prejudge the issue when, in July 1948, the National Health Service came into being. Dr. Lyburn signed up for about 500 patients on an experimental basis. He also continued to operate the modern clinic and nursing home he had built during ten years of practice in the town of Tunbridge Wells.

Under the N.H.S., Dr. Lyburn and his patients got along swimmingly. With a fully equipped clinic at his disposal, he was able to give many services (blood determinations, urinalyses, encephalographs, cardiograms, X-ray treatments) that

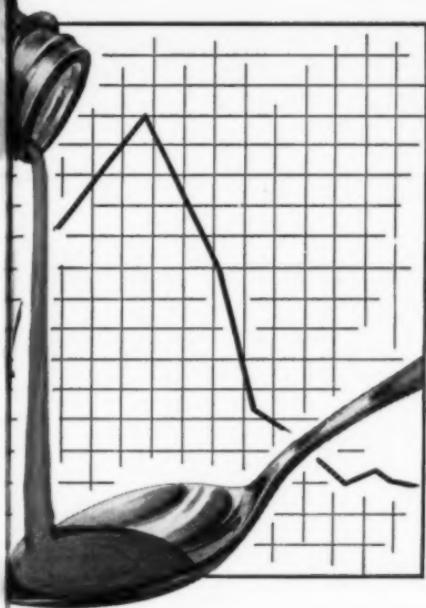
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References:

1. Best, Charles H., M.D. and Taylor, Norman B., M.D., *The Physiological Basis of Medical Practice*; 1950, p. 791.
2. White, F. W. and Emery, E. S. *Constipation*; Nelson's New Looseleaf Medicine; Vol. V, p. 344.

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the average N.H.S. patient couldn't get from a general practitioner.

But before long, Dr. Lyburn discovered a fly in the ointment. The Ministry of Health paid him just £400 (about \$1,120) for all the services he had performed. This was hardly fair, Dr. Lyburn thought. He wrote the Health Minister and told him so. Why, he asked, can't G.P.'s get paid for extra services through Form E.C. 33, by which specialists get paid for the same services?

After a three-year hassle with the ministry over this matter, Dr. Lyburn still had not given up. He sent a letter to each of his N.H.S. patients. It said in part:

"At present I can only prescribe medicines, elastic stockings, trusses, and certificates, and all National Health Service patients must be referred to [a] hospital for any special diagnosis and treatment. I find this position intolerable for myself and my patients, especially the chronic cases, due to the long waiting lists before they can get treatment at the hospital. You will note that over 900 patients are waiting to go into the local hospitals. In fact my position under the Act is very like a man who sees a person drowning and is prevented from doing his best to save a life . . ."

Then Dr. Lyburn asked his patients to attend a protest meeting. All but fifteen of the 500 or so on his N.H.S. list showed up. They drafted a petition asking that Form E.C. 33 be made "available to any

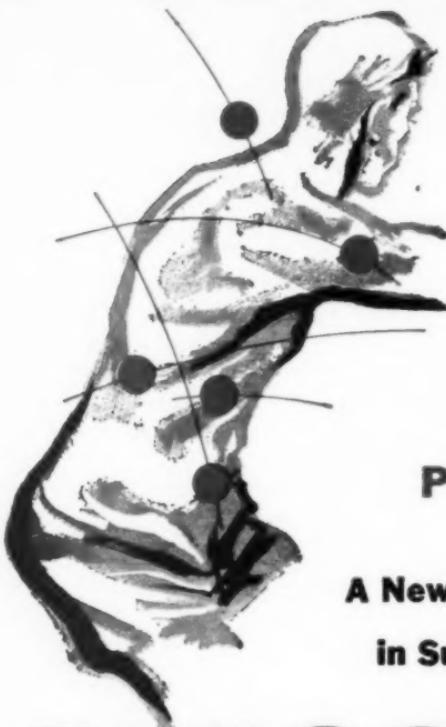
practitioner who is equipped to render specialist services." When the Health Minister heard of the petition, he said that he was very sorry but, really, there was nothing he could do.

A fortnight later, Dr. Lyburn dispatched another letter to his N.H.S. patients. This one read: "There is no course open for me . . . [but] to resign from the Act. I cannot be confined by statute law to just writing forms and issuing prescriptions when the means of modern diagnosis and treatment are directly available to me."

M.D. Raps 'Half-Baked' Lay Medical Writing

A new blast at an old target—lay medical writing—has been leveled by Dr. W. S. Reveno, an editor of the Detroit Medical News. Much of the material prepared for public consumption, he charges, is "misleading, frightening, or confusing." Not only does it serve no useful purpose; "it fails to consider the consequences of reporting half-baked information too optimistically."

Dr. Reveno reserves a special salvo for laymen who write up unproved hypotheses as though they were accomplished facts. "What does it profit the reader," he asks, "to be told of choline-deficient diets causing precancerous symptoms in dogs . . . or of chemically dosed chewing gum to prevent dental decay . . . or of the tempest in the lab-



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oratory teapot as to the cancer-producing possibilities of certain of the hormones?" Such matters, he maintains, should be "left to simmer a while." Better still: "[They should] be screened through the doctor first."

Word-of-Mouth Campaign To Reach Busy M.D.'s

A desk piled high with unopened mail, a heavy patient load—these things, and others, often keep the physician from reading his medical society publications. It's understandable why doctors are sometimes uninformed about organizational matters.

Dr. Harry C. Bryan, president of the Colorado State Medical Society, is one of the first to acknowledge the often inhuman demands on an M.D.'s time. But Dr. Bryan also recognizes the importance of keeping a society's membership informed.

How to do it? After careful thought, Dr. Bryan has come up with an idea for a statewide Planning Committee. Its main aim: "word-of-mouth discussion of state society affairs at least once, preferably oftener, during the next year, with every member . . ."

The committee—a large one, naturally—will consist of men who are well versed in the internal affairs of the state group. Most of them will be recent officers. They'll be ready to answer members' questions, listen to their complaints, and note their



Harry C. Bryan
You've got to bend their ears.

ideas for improving Colorado medicine.

At the end of the year, Dr. Bryan says, he'll ask the committee to supply "concrete, constructive suggestions for the betterment of our organization."

Doctor-Addicts Criticize P.H.S. Hospital Care

The Federal narcotics hospitals at Lexington, Ky., and Fort Worth, Tex., have been roundly criticized by two physicians who "took the cure" in them.

In recorded testimony heard at a New York State narcotics inquiry, the doctors charged that they had: (1) been thrown in with a "criminal element" in these hospitals; (2) been given little psychotherapy

while patients; (3) received no follow-up attention after their discharges.

One physician entered Lexington in 1947 after trying unsuccessfully for five years to shake the drug habit. He resumed his practice the following year but soon became re-addicted. Finally, he reported, a six-month stretch in a private hospital restored him to health.

The other doctor was a voluntary patient at Fort Worth in 1947. While there, he managed to stay off drugs and build up his strength. He left after three months—against medical advice—because "I felt that they were breaking my process of rehabilitation down, rather than building it up."

The atmosphere at Fort Worth, he testified, "was more of a penitentiary . . . than a hospital . . . I was mixed in with a predominantly criminal element . . . It was extremely demoralizing. I began to almost act and talk in their own language."

He went on to score the lack of psychotherapy at Fort Worth. Narcotics hospitals, he urged, should be staffed with psychiatrists who would "delve into the emotional, personal, and other problems which originally induced or contributed toward the addiction." Also, he said, there should be a parole system to discourage discharged addicts from reverting to drugs.

The doctors' stories were in effect verified by Dr. Kenneth W. Chapman, assistant chief of the Public

Health Service. He conceded that only 15 per cent of the patients treated at Federal narcotics hospitals have been permanently cured. Nevertheless, he added, the P.H.S. was doing the best it could with available facilities and funds.

She Keeps Angry Patients From Shooting M.D.'s

"I'm not angry because Dr. Z diagnosed the case wrong and caused me extra expense, worry, and distress. After all, doctors are human; everyone can make mistakes. But I am good and mad because he treated me as though I were a low-grade moron and brushed me off when I wanted to talk with him . . ."

This is the classic complaint of most patients with a grievance, according to Katharine Russell. And she ought to know. As social-service and collection consultant to the Westchester County (N.Y.) Medical Society, she helps doctors keep on good terms with their patients. How? By using the tact the physician should have used in the first place.

Mrs. Russell explains her methods in a recent issue of the Westchester Medical Bulletin. A typical Russell day begins with a visit from an irate lady who has been antagonized by her doctor's lack of interest and bluntness. The patient speaks:

"I haven't come to pay my bill. I've just come in to tell you that I'm through with Dr. X. He'll never get

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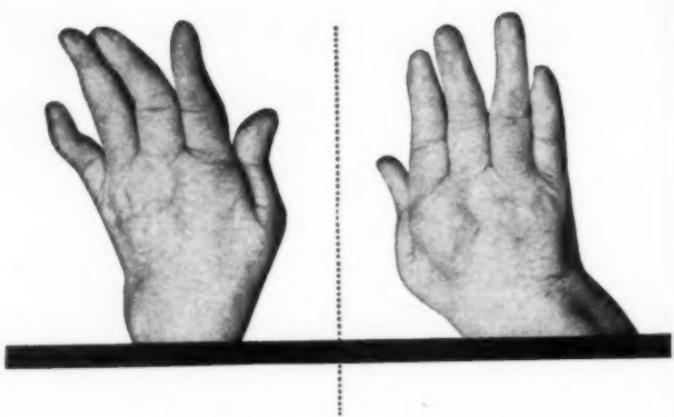
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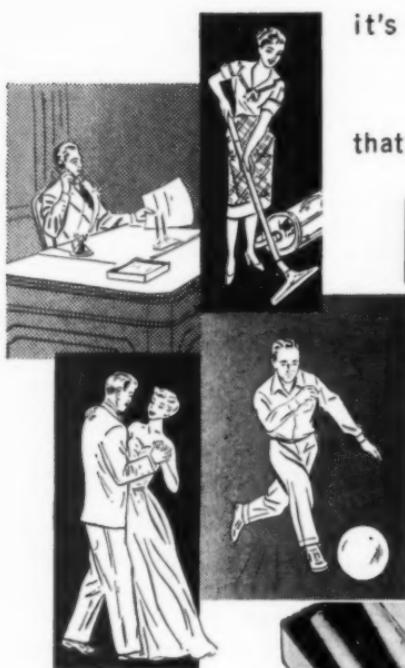
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another cent from me, even if I have to go to court."

Mrs. Russell listens sympathetically, soothes the lady's hurt feelings, and offers what explanations she can. Result: The bill is eventually paid—and one more M.D. has been saved from his own thoughtlessness.

The morning mail generally includes thirty or forty letters telling of "problems, dissatisfactions, inability to pay, or unwillingness to pay." These can't be answered by a form letter, Mrs. Russell points out. "This is where our most important collection gimmick—explanation and interpretation—usually begins . . . It takes a lot of tact, sympathetic understanding, and a fairly good knowledge of the manner in which medical services are provided."

Meanwhile, there's a phone call from a man whose medical bills for his wife's care (including two operations) have piled up for a year and a half. Unable to pay in full, he'd asked his physician for a slight reduction. Now, angrily, he reads Mrs. Russell the doctor's reply:

"Since when do you set the fees for my services? The story of your other medical expenses is of no interest to me, nor is it any responsibility of mine. If my bill is not paid by the first of the month, my lawyer will start suit."

Or another type of complaint, even more common: This man is convinced that his physician has put one over on him. Why? At a party the night before, he discussed his

case with a doctor friend. And the friend had evidently made some incautious remark or "ill-advised comparison."

The moral of this last incident cannot be emphasized too strongly, Mrs. Russell believes. Her parting shot: "Avoid being drawn into any discussion of a colleague's fee or performance."

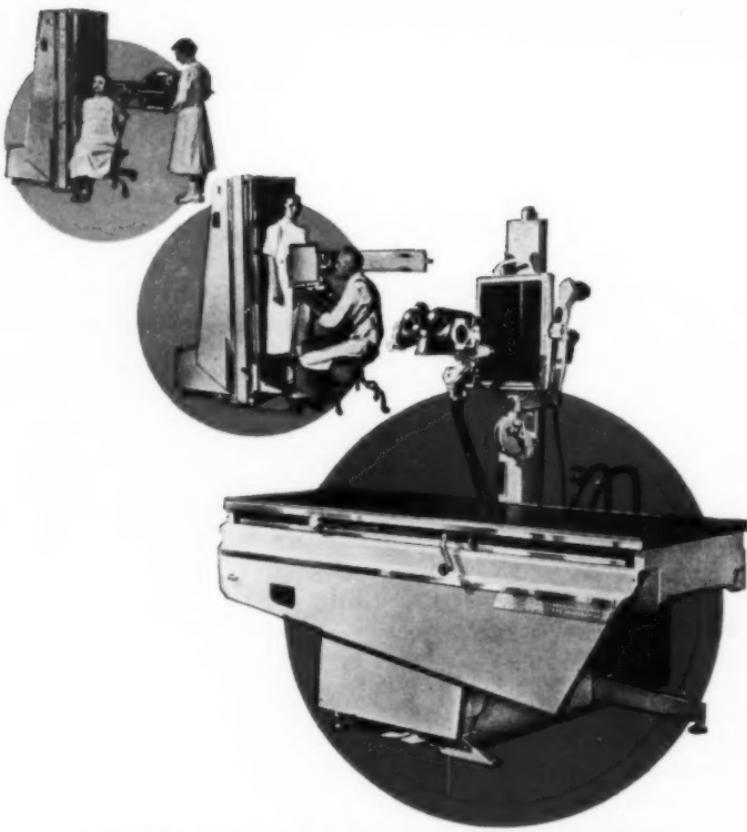
TV and Cars on Credit— Why Not Hospital Care?

A young Washington, D.C., housewife had been getting along nicely since her marriage. She and her husband had managed to buy most of the good things that a modern couple likes to own. Now, they were having a baby.

A couple of months before the child was to be born, the family had a run of tough luck. Mrs. H. went to a hospital to ask if she could pay the cost of her maternity stay in installments. Soon afterward, she penned a letter to the editor of the Washington Post. It said:

"Why is it that people in ordinary circumstances can obtain credit for such items as television sets and automobiles and . . . not for such necessary expense as hospitalization for a maternity case?"

The hospital, she reported, flatly refused to consider installment payments. Instead, she was required to pay a \$100 entrance fee and the balance at the time of discharge. Moreover, Mrs. H. protested, she



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couldn't even get credit on the \$60 she had coming from a health insurance plan.

When she told the hospital people that she couldn't raise the lump sum, they suggested that she go "through the clinic, instead of having a private doctor." It would seem, Mrs. H. wrote, that "they are trying to force us to accept [charity]—although we feel sure we can meet all of our expenses if granted a little time."

Feet Bother Him a Bit, Says Centenarian M.D.

Back at the turn of the century, when he was barely 50, Dr. Albert L. Derbyshire collected a fee that probably few G.P.'s have equaled. It happened in Nome, Alaska, where he practiced and prospected during the Gold Rush days.

Dr. Derbyshire had been treating a couple of dead-broke prospectors off and on for a year or two. One day the partners came up with an idea for settling their unpaid bill. Would he advance them a small grubstake for a one-third interest in a promising claim? Dr. Derbyshire would, and did. To his surprise, they found gold; the mine paid him off—to the tune of \$35,000.

Dr. Derbyshire himself told this story not long ago, when the San Diego County Medical Society honored him for an even more remarkable achievement: He had negotiated his first 100 years. And just to

show that a doctor and his money were soon parted even in those days, Dr. Derbyshire's tale ended on a familiar note: He'd taken the \$35,000, put it in oil stock—and lost it.

Born in a log cabin in Indiana, Albert Derbyshire did his first doctor-



Albert L. Derbyshire
He was in the Gold Rush.

ing as a ship's surgeon in the 1880's. In two years, he made thirteen round trips between New York and San Francisco—around the Horn, of course. Then he set up a horse-and-buggy practice in San Diego. Alaska came next, and after that he returned to San Diego and joined the local health department. In 1927, when a mere stripling of 76, he retired on a small pension.

"I've cost the Government an awful lot in pension money," he says cheerfully, "and they may have to

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WHEN a diet-wearied will-power begins to sag, physician and patient alike welcome the aid of an effective anorectic and morale-booster such as DESOXYN Hydrochloride.

With DESOXYN *smaller dosage* is possible because, weight for weight, it is more potent than other sympathomimetic amines. One 2.5-mg. or 5-mg. tablet before breakfast and another about an hour before lunch are usually sufficient. With the recommended dosage, DESOXYN has a *quicker action, longer effect and a low incidence of side-effects*.

DESOXYN is equally effective in depressive states associated with the menopause, prolonged illness and convalescence as well as in treatment of alcoholism and narcolepsy. Pharmacies everywhere have DESOXYN in 2.5-mg. and 5-mg. tablets, in elixir form and 1-cc. ampoules.

Abbott

Desoxyn
hydrochloride

(Methamphetamine Hydrochloride, Abbott)

SMALLER
DOSAGE
LONGER
EFFECT

QUICKER
ACTION
MINIMAL
SIDE-EFFECTS

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pay it for some little while yet."

Still in good shape, Dr. Derbyshire smokes cigarettes, drinks some wine daily, and continues to vote Republican. Only thing that bothers him is his feet. Half a century ago, he froze them solid while staking out a claim in Alaska.

Cites Doctors' Abuses of Blue Cross Contracts

A doctor's wife was discharged from a San Francisco hospital after the usual post-operative period. Then her surgeon certified that she still needed bed care, and she was admitted to another hospital—in which, incidentally, her husband practices. After she had run up a \$200 bill, Blue Cross was expected to pay. (It didn't.)

Another San Francisco woman was hospitalized for diagnostic studies. Though she received no treatment of any kind, her physician had assured her that Blue Cross would pay in full for her ten-day stay in the hospital. In order to preserve friendly relations with doctor and patient, Blue Cross felt compelled to pay part of the \$200 bill.

These are typical abuses of Blue Cross, and there are about ten such cases every month in San Francisco alone. So reports Dr. Robert L. Thomas, medical director of the Hospital Service of California.

If such "violations of the spirit of Blue Cross contracts" continue, warns Dr. Thomas, two results may

follow: (1) a steep increase in Blue Cross rates, which could easily lead to (2) a rising public clamor for Government payment of hospitalization and medical care costs.

How do physicians abuse Blue Cross? Generally in two ways:

1. By hospitalizing patients or prolonging their hospitalization needlessly.

2. By attempting to obtain diagnostic studies that could have been made elsewhere, when the patient is hospitalized for an entirely different reason.

In a typical case of over-hospitalization, a man with a minor ailment was kept in the hospital for almost two months. During that time, he was given less than \$5 worth of drugs; but the total bill came to \$600. Blue Cross refused to pay the whole amount but did pay \$250—which, even so, represented more hospitalization than his disability warranted.

Since most Blue Cross contracts prohibit hospitalization for diagnostic study, a common dodge (according to Dr. Thomas) is to certify a diagnostic case as "acute." One woman, for example, was hospitalized for "acute cholecystitis." Her \$400 hospital bill included \$100 for X-rays and \$50 for laboratory studies. Her "acute" condition? "Very much open to question," says Dr. Thomas.

The doctor's report is based on a five-month survey of questionable cases in San Francisco. But as the

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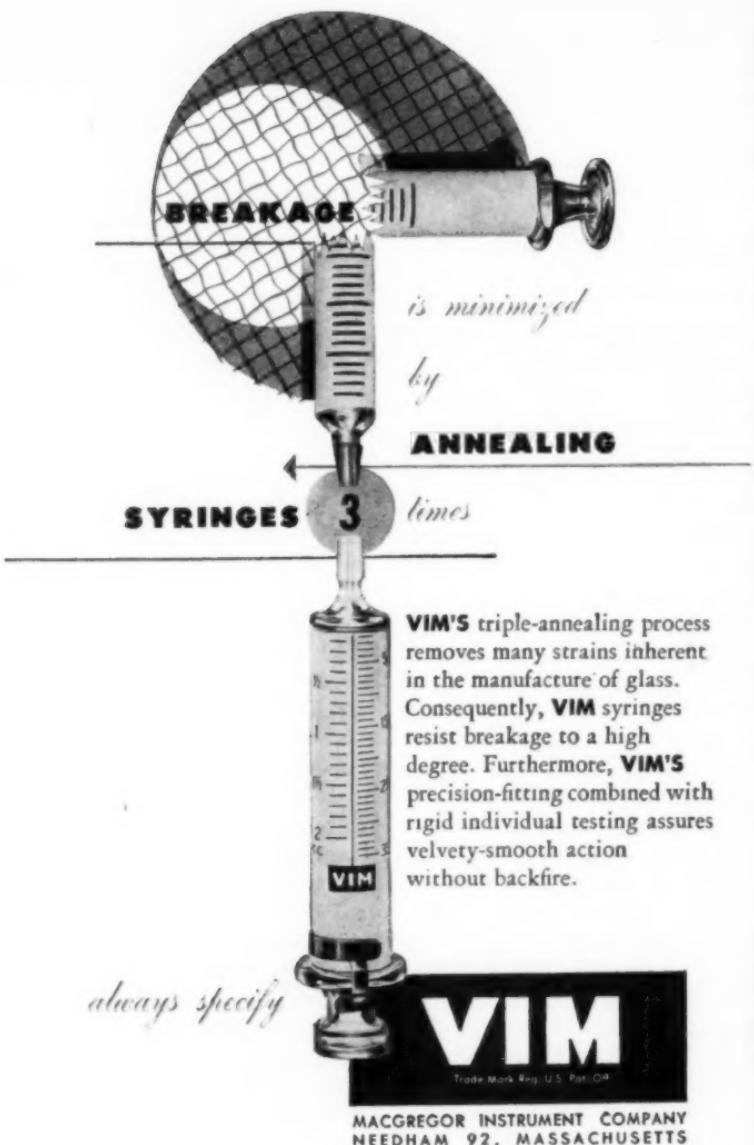
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San Francisco Medical Society comments, "Similar violations of the letter or spirit of other insurance plan contracts undoubtedly exist." The society adds its own warning:

"The physician should not and must not be a party to such subterfuges . . ."

Appalled by Hospitals, Union Builds Its Own

Dissatisfied with what it calls "the continuing inadequacy, or total lack, of hospital facilities in certain areas," one labor union has decided to go into the hospital business. The union is the ruggedly independent United Mine Workers.

Already the U.M.W. welfare retirement fund has begun to funnel part of its \$100-million bank account into "memorial hospital associations" in three states (Kentucky, Virginia, West Virginia) where the first hospitals will be built.

The directors of the three-state building program are all U.M.W. staffers except for one man. The lone outsider: Dr. Dean A. Clark, superintendent of Massachusetts General Hospital.

Bismarck Done Us Wrong, Say West German M.D.'s

Prince Otto von Bismarck, a rock-ribbed realist if ever there was one, set up one of the world's first compulsory health insurance programs in Germany in 1884. What would



Dean A. Clark
In union there are hospitals.

the Iron Chancellor think if he were alive to see his social experiment in action today? Chances are he'd want to crawl back to his grave.

After sixty-seven years, Bismarck's plan to help "the poorest of the poor" is having a rough time in Western Germany:

¶ The doctors, charging that the health plan is exploiting them, have threatened to strike against low fees. (They get 3.50 marks—80 cents—every three months for each registered patient, regardless of the number of treatments.)

¶ The patients insist that they're getting inadequate care. In particular, they object to the limit on prescriptions (\$1.08 per patient every three months).

¶ The hospitals say they're not getting enough money from the con-

Effective

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during pregnancy**

The vital roles played by vitamins, minerals and trace elements during pregnancy and lactation are well established. Toxemias of pregnancy, abortions, stillbirths and impaired development or dysfunction of the infant are only a few of the serious consequences of a nutritionally deficient term of pregnancy.^{1,2,3}

Clinical investigators agree that the prevention of these "pregnancy hazards" lies in *effective* vitamin-mineral supplementation.

OBRON, specifically designed for the OB patient, provides adequate amounts of 8 vitamins and 11 minerals and trace elements, including highly essential calcium, iron, phosphorus and iodine.

Safeguard your OB patient against the dangers of nutritional deficiency. Specify OBron as soon as pregnancy is diagnosed.

For the OB patient

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- Warkany, J.: Obst. & Gynec., Oct., '48, p. 693.
- Burke, B. S.: Obst. & Gynec. Survey, Oct., '48, pp. 716-723.
- Spies, T. D.: 1948 Year Book of Endocrinology, Met. and Nut., p. 393.

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Each capsule contains	
Dicalcium Phosphate Anhydrous*	768 mg.
Ferrous Sulfate U.S.P.	64.8 mg.
Vitamin A	5,000 U.S.P. Units
Vitamin D	400 U.S.P. Units
Thiamine Hydrochloride	2 mg.
Riboflavin	2 mg.
Pyridoxine Hydrochloride	0.5 mg.
Ascorbic Acid	37.5 mg.
Niacinamide	20.0 mg.
Calcium Pantothenate	3.0 mg.
Cobalt	0.033 mg.
Copper	0.33 mg.
Iodine	0.05 mg.
Manganese	0.33 mg.
Magnesium	1.0 mg.
Molybdenum	0.07 mg.
Potassium	1.7 mg.
Zinc	0.4 mg.

*Equivalent to 15 g. Dicalcium Phosphate Anhydrite

J. B. ROERIG AND COMPANY, 534 LAKE SHORE DRIVE, CHICAGO 11, ILL.



trolling health insurance boards.

¶ Even the health insurance boards themselves have a complaint: the rising sick rate is draining their funds.

Western Germany's compulsory health program now covers about 14 million persons—almost a third of the population. Every worker who earns less than 375 marks (\$89.25) a month must kick in 2 per cent of his salary to the insurance fund. Theoretically, this pays not only the worker's medical expenses but also a small pension while he's unemployed because of illness.

Anesthesiologists Stick To Private Practice

Concerned over indications that hospitals are "taking over" specialties like anesthesiology, pathology, and radiology? Then you'll be interested to learn what a survey made by the American Society of Anesthesiologists turned up on one phase of this problem.

The society queried over 1,000 members on a number of economic topics. One of the questions asked was, "Under what financial arrangements do you practice?" Three out of every four physicians surveyed derive all their medical income from fees-for-service. Only one doctor in twelve reports being on straight salary. Other methods of payment include salary plus percentage of receipts; and salary plus fees from private practice.

Although most anesthesiologists still maintain their economic independence, the situation varies greatly according to city size. In towns of under 25,000 people, 91 per cent of the anesthesiologists are in private practice. But the percentage in private practice goes down steadily as city size increases. In cities of more than a million, for example, only 58 per cent are in private practice.

How do anesthesiologists set their fees? According to the survey, about 30 per cent compute them strictly on a time basis. Other men fix their fees at from 10 to 20 per cent of what the surgeon charges. Additional yardsticks: duration of anesthesia; type of operation; risk involved; financial status of patient (whether he takes a private or a semi-private room, for example); and state compensation rates.

As you might expect, West Coast anesthesiologists report higher fees than do colleagues in any other section. New England has the lowest fees. When community size is the variable, the rule-of-thumb seems to be: The larger the city, the higher the fee. Thus the highest anesthesia charges are found in cities of more than a million people.

E.M.I.C. Revival Up To Current Congress

Among the things some members of Congress will be fighting for, as the legislators return to Capitol Hill this month, is restoration of an old World

Gives Protective Warmth

FOR ACHING CHEST COLDS!

to relieve coughs — sore muscles

To bring fast, long-lasting relief, rub on Musterole. It instantly creates a wonderful sensation of *protective warmth* on chest, throat and back.

Musterole not only promptly relieves coughing but also helps break up congestion in upper bronchial tubes, nose and throat, bringing amazing relief! Any drugstore.

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Infection checked 23 out of 25 times—pathogenic fungi destroyed 14 out of 25 times—in 4 to 14 days! Mildly antiseptic Cuticura Liquid was tested on acute cases, as determined both clinically and mycologically. For FREE SAMPLES, write Dept. ME 13, Cuticura, Malden 48, Mass.

CUTICURA LIQUID



War II relic: the Emergency Maternity and Infant Care program.

It was Senator Herbert Lehman (D., N.Y.) who dusted off the idea. His bill would create a government fund out of which maternity and related costs would be paid for enlisted servicemen's dependents.

The Lehman bill goes beyond the scope of the wartime program. A separate section proposes full hospitalization for dependents of enlisted personnel, regardless of age. Another noteworthy feature: The program would also permit enrollment of military dependents in voluntary, nonprofit prepayment plans, with the Government paying all or part of the premiums.

Financing of the new E.M.I.C. would be shared, fifty-fifty, by the Federal Government and the individual states. Health departments in each state would administer the program, subject to the approval of the Public Health Service, the Children's Bureau, and the Federal Security Administrator.

Retiring? First See Your Social Security Man

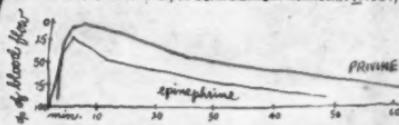
An imaginary M.D.—call him Dr. White—will be 65 this month. He plans to retire on the first of March. During forty years of private practice, he has saved for his halcyon days; but his retirement fund doesn't loom as large now as it did in pre-inflation times.

As a result, Dr. White—and many another retirement-minded M.D.—may be wondering if it's wise to re-

Laboratory Finding

Privine® (naphazoline) hydrochloride is measurably more potent as a vasoconstrictor than even epinephrine (once considered to be the most effective compound known), comparing equal doses and concentrations.¹

S. Meier, R., and Mueller, R.: Schweiz. med. Wochenschr. 71: 554, 1941.



Comparative effects upon the flow of blood after application of Privine & epinephrine. Residual perfusion flow after Privine is approx. 18% as contrasted to 25% for epinephrine. Significance: the vessels are one-third further constricted by Privine than by epinephrine.

...the vessels
are $\frac{1}{3}$ further
constricted by
Privine than
by epinephrine

CLINICAL FACT

Privine is a "potent vasoconstrictor",
one that is unsurpassed in providing
marked relief from nasal congestion.

2. Jenkins, G. L., and Hartung, W. H.:
The Chemistry of Organic Medicinal Products,
ed. 3, 1949, New York, John Wiley & Sons, Inc.

Practical Conclusion

just
drops of
Privine
for effective nasal
decongestion

Summit, N. J.

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75% LESS NICOTINE

Than 2 Leading
Denicotinized Brands

85% LESS NICOTINE

Than 4 Leading
Popular Brands And 2
Leading Filter-Tip Brands



Test Results

A comprehensive series of smoke tests* were made by Stillwell & Giadding, New York City, one of the country's leading independent consulting laboratories, on John Alden cigarettes, 2 leading denicotinized brands, 4 leading popular brands and 2 leading filter-tip brands. The results disclosed the smoke of John Alden cigarettes contained:

At Least 75% Less Nicotine Than The 2 Denicotinized Brands

At Least 85% Less Nicotine Than The 4 Popular Brands

At Least 85% Less Nicotine Than The 2 Filter-Tip Brands

Importance to Doctors and Patients

John Alden cigarettes offer a far more satisfactory solution to the problem of minimizing a cigarette smoker's nicotine intake than has ever been available before, short of a complete cessation of smoking. They provide the doctor with a means for reducing to a marked degree the amount of nicotine absorbed by the patient without imposing on the patient the strain of breaking a pleasurable habit.

AN ENTIRELY NEW VARIETY OF TOBACCO

John Alden cigarettes are made from a completely new variety of tobacco. This variety was developed after 15 years of research by the Kentucky Agricultural Experiment Station. Because of its extremely low nicotine content, it has been given a separate classification, 3IV, by the U.S. Department of Agriculture.

*A summary of test results available on request.

Also Available: John Alden Cigars
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Send me free samples of John Alden Cigarettes

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tire at all. Before he makes a final decision, he should contact his local Social Security office. Possibly he's eligible for what may be the all-time bargain in pensions.

Under a liberalized Social Security law, Dr. White might benefit in the following way:

Instead of retiring in March, he could take a salaried job—perhaps as associate to another doctor. Suppose he received \$400 or \$500 a month. In eighteen months, he would have paid \$81 in Social Security taxes. But if he retired then (September 1953), he'd be eligible for a lifetime pension of \$62 a month—plus another \$31 a month for his wife (if she's over 65 by then).

All of which means that people like Dr. White, close to retirement age and able to find work in covered employment for eighteen months, can pick up Government annuities at about one two-hundredth of their real price. Note, however, that the Social Security people have a certain amount of discretion in this matter. So it's essential to check with them first.

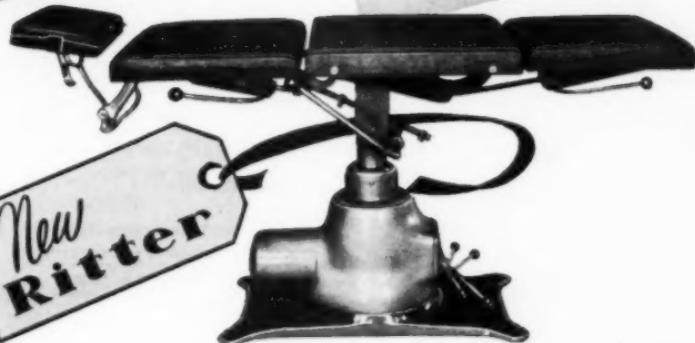
Brickbats Fly Both Ways In Rural Opinion Poll

What's really wrong with rural medicine? What do laymen and M.D.'s rate as their big gripes and grudges? To get the background for some constructive action, the Rural Health Committee of the Indiana State Medical Association went out and asked people point-blank.

In talks with community leaders,

Greater Scope
For your Skill . . .

Greater Comfort
For your Patients



EXAMINATION AND TREATMENT TABLE

MODEL "B," TYPE 4

Where there is a need for an extremely flexible examination and treatment table, the new Ritter Multi-Purpose Table, Model B, Type 4, is "made to order." All neck and head positions can be accommodated with the easily adjustable headrest. The Type 4 Table is readily adjusted to any required position. A touch of the toe on the foot controls and the motor-driven hydraulically operated base raises and lowers patients to convenient treatment level quietly and smoothly. The new Ritter Examination and Treatment Table has an extreme low position of 24½", enabling infirm, arthritic and aged patients

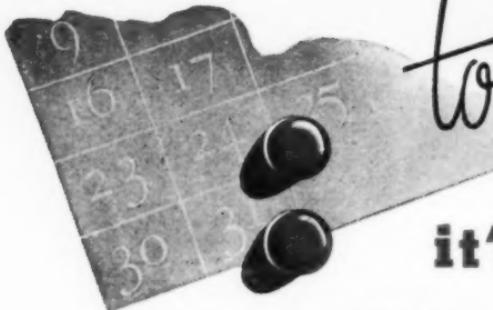
to get on the table more easily. A hand tilt lever allows a tilt of 30° head low. With head section extended the table is 76" in length and 23" wide. 180° rotation is possible on a sturdy base, designed to prevent accidental tilting.

Patients enjoy the comfort of the new Ritter Examination and Treatment Table. They rest on resilient sponge rubber cushions covered with vinyl coated nylon fabrics.

Optional equipment such as stirrups can be provided at slight additional cost.

Be sure to ask your Ritter dealer for a demonstration of this new Ritter Multi-Purpose Table.





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Just one or two tablets daily—
plus an occasional injection

Just one or two Tablets MERCUHYDRIN with Ascorbic Acid daily — plus an occasional injection of MERCUHYDRIN Sodium — keep the average cardiac edema-free. For convenience, safety, effectiveness prescribe

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the simplest method of outpatient maintenance

To secure the greatest efficacy and all the advantages of Tablets MERCUHYDRIN with Ascorbic Acid, a three-week initial supply should be prescribed... 25 to 50 tablets.

DOSAGE One or two tablets daily — morning or evening — preferably after meals.

AVAILABLE Bottles of 100. Each tablet contains mercuralluride 60 mg. (equivalent to 19.5 mg. mercury) and ascorbic acid 100 mg.

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county nurses, and farm bureau officials, the committee found the following complaints most frequently aimed at the medical profession:

¶ Doctors don't take part in community health planning. In some cases, this tends to obstruct such well-intentioned activities as immunization and case-finding projects. Yet the doctors complain bitterly if the planning that others do doesn't suit them.

¶ It's increasingly difficult to get doctors to make house calls, particularly at night. Moreover, their fees are often out of line, and they're likely to raise them for patients with health insurance.

¶ Many rural areas still lack adequate medical care.

That was the lay consensus. What about the medical one? Five dinner meetings were planned in rural areas of the state, and local physicians were invited to tell *their* side of the story. It amounted to this:

Medical men resent the methods of local health planners—particularly, demands made on their time without previous consultation as to convenience or plan of action. As for any criticism of "lazy" or "greedy" doctors, it's felt that much of this applies only to M.D.'s who aren't really suited to their profession. Hence this suggestion from Indiana's rural physicians:

"The need [is for] physicians with aptitude for the profession, an interest in people as such, and a real 'feel' for the important relationships involved in medical practice—as well as high I.Q.'s . . . Qualifications other



The tense can be taught

The highly strung, apprehensive patient who suffers from excess stomach acidity due to nervous tension will find grateful relief with BiSoDol. This dependable antacid acts quickly and effectively to neutralize gastric juices which cause stomach upset. BiSoDol actually protects irritated stomach membranes—is well tolerated and extremely pleasant to take. If you will write us on your letterhead, we will send you BiSoDol samples so you will have them handy to give your patients immediate relief from nervous indigestion.

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Hypertension
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For better regulation of sodium intake, medical authorities* caution against the use of tap water with high sodium content.

Naturally pure, Mountain Valley Mineral Water, with a sodium content of only 2.8 per million parts, is a highly palatable, recommended replacement for ordinary water.

*Cole, S.L.
J.A.M.A.
pg. 19-20
May 7, 1949

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MOUNTAIN VALLEY MINERAL WATER
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Please send me informative literature and low sodium diet sheets.

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than...scholastic...should be taken into consideration when students are accepted in medical schools."

Local physicians seemed especially perturbed about the shortage of nurses in rural towns. Their suggestions for remedying the situation: (1) more intensive student nurse recruitment in those areas; and (2) more efficient training of nurses' aides, thus saving R.N.'s for the skilled services they can perform.

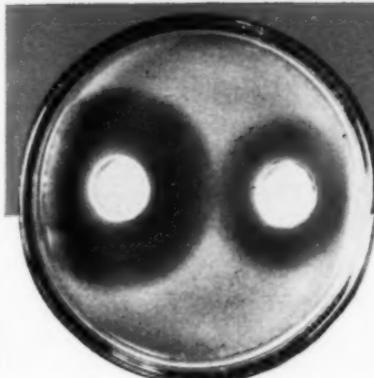
Indiana M.D.'s also leveled a few gripes at their own medical association. It was "autocratic in its approach and administration," they said. "It makes no attempt to ascertain the views of individual physicians before acting."

This feeling, of course, is exactly what the Rural Health Committee seeks to overcome. Its new approach, says Chairman Louis E. How, "will do more than any amount of self-praise to secure and retain the respect and loyalty of lay groups and individuals." Not to mention the respect and loyalty of rural M.D.'s.

Socialized Medicine Now A Worthy Charity?

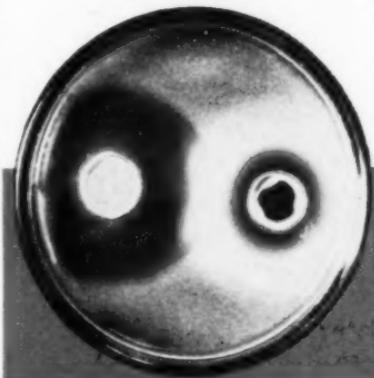
Most medical men think of the Committee for the Nation's Health as a group of lobbyists for socialized medicine. But to Senator James E. Murray (D., Mont.) it's evidently a "charitable organization."

Not long ago the Senator received a C.I.O. award for his "outstanding service to humanity." Tangibles in the award were a plaque (which he



PANSULFA shows superior bacteriostatic action over the single sulfonamides (sulfadiazine).

Staph. aureus



Staph. aureus

PANSULFA shows superior bacteriostatic action over a typical triple sulfonamide (sulfadiazine, sulfamerazine, sulfamethiazine).

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an easy mind about possible toxic effects . . . less danger of crystalluria or renal damage. Sulfacetamide is the least toxic sulfonamide reported in Lehr's clinical studies.*

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Sulfadiazine
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SUSPENSION • TABLETS Each teaspoonful or tablet contains 0.5 Gm. (7½ grs.) of the rapidly soluble sulfonamides (ratio 1:1:1).

Also PANSULFA with PENICILLIN Each tablet contains 100,000 units of Crystalline Penicillin Potassium G in addition to the above formula.



Trade-mark "Pansulfa"

*See Lehr, D., N. Y. St. J. Med. 11:1361, 1950

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I n d i v i d u a l i z i n g

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Calpurate is the crystalline compound—theobromine calcium gluconate—distinguished for its moderate diuretic action and minimal toxicity. It is remarkably free from gastro-intestinal and other side-effects, and does not contain the sodium ion.

Calpurate is also helpful in other cardiac conditions because it stimulates cardiac output. *Calpurate* with *Phenobarbital* is useful in relieving anxiety and tension, as in cases of hypertension. *Calpurate*, supplied as Tablets (500 mg.) and Powder; *Calpurate* with *Phenobarbital* (16 mg.), as Tablets.

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*Think of Calpurate for
Congestive Heart Failure—*

*When edema is mild and renal function
normal...during "rest periods" from
digitalis and mercurials...where mercury
is contraindicated or sensitivity to its oral
use present...for moderate, long-lasting
diuresis in chronic cases.*

*The moderate, non-toxic
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Organizing and Operating A Group Practice Or Partnership



Now available, as the result of numerous requests from physicians, is a portfolio of articles on group practice and partnerships. It contains about a dozen of the most requested articles on this subject published recently in MEDICAL ECONOMICS. To make it suitable for your library, the portfolio has been prepared in book size, with a durable, leatherette cover and the title stamped in gold. Prepaid price: \$2, cash or check with order.

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Please send me your portfolio of articles on group practice and partnerships. I enclose \$2.

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kept) and a \$10,000 check (which he announced would be turned over to a charitable organization).

The organization turned out to be the Committee for the Nation's Health. At that, the move wasn't totally unexpected; in accepting the award, Senator Murray described the committee as "a courageous band of distinguished physicians and outstanding citizens who have fought tirelessly and brilliantly in behalf of measures to improve the health of every family in the land."

What could be more charitable than that?

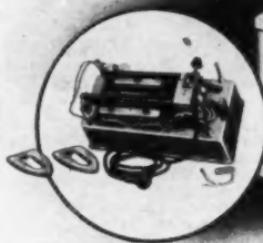
Send That Patient South? Not Till You Read This

Those patients you pack off to Florida for their health often pose unusual problems in long-distance professional relations. That's because they may need part-time treatment by Florida M.D.'s. One such physician is Dr. Alvin E. Murphy of Palm Beach, who offers a few tips to his colleagues up north.

First of all, Dr. Murphy advises, Florida therapy should be reserved for those who can really afford it: "Worry over finances may rob [a patient] of the benefits of our favorable climate. We have seen this happen."

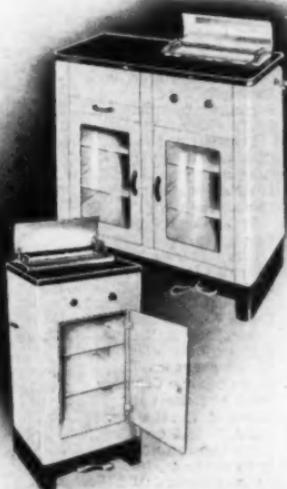
And don't overestimate the benefits of a change in climate. Patients with poor operative results are sometimes led to expect cures that even good air and sunshine can't produce. Dr. Murphy mentions one patient who was removed by ambulance

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From where I sit by Joe Marsh



**"Fireman,
Save My —"**

Volunteer Chief Wilson was telling a few of us about some of the extra jobs firemen do. Like rescuing tree-climbing cats—and kids who get stuck almost *any* place.

"Take last week," he says. "Mrs. Campbell called up from Balesville where she was shopping. Asked if we'd mind going to her house and see if she'd left the fire on under the potatoes!"

"Dusty Jones drives the five miles to Campbell's place, and it turns out she *had* left that fire on. But don't get the idea we're complaining about those odd jobs. We're always glad to co-operate."

From where I sit, these boys—and volunteer firemen everywhere—stand for something mighty important to this nation. Most things seem to work out better when they're done *voluntarily*. Whether it's a ballplayer or a beverage you're choosing, whether it's the way to run a newspaper or how to practice a profession, it's the individual freedom of choice that has made America great.

Joe Marsh

Copyright, 1951, United States Brewers Foundation

from the train, then spent two and a half months in a Florida hospital. "At the end of that time," he adds, "his remains were shipped north."

Some patients should be advised to see a Florida physician soon after arrival, Dr. Murphy says. The reason? Mainly so that the doctor can give them a preventive briefing on those well-known local hazards: excessive sun-bathing, excessive exercise, and excessive drinking.

Florida medical men also wish some home-town doctors would take a more realistic attitude in consultations. Explains Dr. Murphy: "We have called distant attending physicians for advice about their patients who had pneumonia. We have been told to send them back by airplane immediately, regardless of their condition."

Finally, he urges Florida physicians and their out-of-state colleagues not to run down one another. "We should not . . . by word or deed, or even by facial expression, do anything that would cast doubt on the ability or judgment of each other, unless there are good and valid reasons for so doing."

Government Studies Outer Limits of Mental Health

In the last couple of years, Government-financed research in mental health has really branched out. Witness the following samples from fifty-eight projects currently subsidized by the National Institute of Mental Health:

One project is aimed at finding

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out why the Navajo Indians, who belong to a cactus button-chewing cult, enjoy narcotic jags in groups and seldom go in for solitary dope-taking. Another is a study of "the interrelationship between autonomic changes, emotions, and certain cutaneous reactions in normal and pathologic skin."

Other questions Government-subsidized mental health researchers are trying to answer:

¶ Why are newborn goats less afraid when they're with their mothers than when they're all alone?

¶ Why do members of the Hutterite sect (who practice communal ownership of property) have fewer nervous breakdowns than people who believe in the rights of private property?

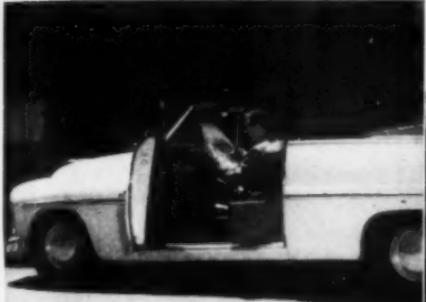
¶ Do partners in a mismatched marriage (rich boy-poor girl, timid husband-bossy wife) subconsciously choose each other because their personalities are complementary?

Personal Savings Up 650% In Last Thirty Years

Notwithstanding the breath-taking expenses of living, as well as the steadily rising costs of getting sick and dying, Americans are somehow saving more and more money.

Back in 1920, total personal savings in the U.S. worked out to \$950 per family. By 1950, savings were up to \$4,000 per family—well over twice what they were as recently as ten years ago. These figures represent money in U.S. savings bonds, life insurance policies, and savings

A True Story of... The Salesman who became sold



1. Traveling from New York through the South, Jack Gaylord is a busy salesman who must cover many miles a year to earn a comfortable income.

2. Because his earning power is directly dependent upon his ability to get around, Jack bought a U. M. non-cancellable and guaranteed renewable sickness and accident policy after his agent explained its advantages.



3. Five years later, in July 1950, polio struck and Gaylord was disabled for 7 months. He had no sooner recovered than he was again laid up for 6 weeks with influenza.

4. Thanks to his sound insurance protection from Union Mutual, he received a total of \$1,059.33 in regular monthly income and payment for his hospital bills during both illnesses. Today, he is completely sold on the importance of non-can protection.

Moral: Both sickness and accident can strike without warning—and repeatedly. The only kind of insurance that continuously protects you is *noncancelable* and *guaranteed renewable*. You owe it to yourself to know the true facts about this unique type of policy.

Your local Union Mutual agent is listed in the yellow pages of most metropolitan telephone directories. Ask him to tell you about Non-Can, or write to us for a free copy of "The Whole Story", written in clear, simple language.

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deposits. Excluded are sums tied up in stocks—or under the mattress.

Even for old-timers who point out that the 1920 dollar was a lot more valuable than the 1950 dollar, the thirty-year rise is impressive. Up from \$24 billion to \$176 billion, total personal savings have increased about 650 per cent. Yet during the same period, spending for consumer items went up only 200 per cent. Which means that we're saving a lot more in relation to what we spend.

Lump-Sum Charity— Is It the Best Way?

In their role of habitual givers, most doctors know the arguments for federated fund-raising. Chief item in its favor is that it's supposed to do away with the need for random solicitations. There is, however, a sincere resistance movement led by such medically-allied national agencies as the Red Cross and the cancer, TB, and polio funds.

Their arguments for independent money drives are pretty persuasive, according to an editorial in The Journal of the Kansas Medical Society. Here they are to paste in your hat when the issue arises in your community:

1. When an agency signs up for joint fund raising, it tends to lose its separate identity, its responsibility for its own cause. With its activities thus devitalized, its own volunteers may lose interest.

2. Even if all national agencies are lumped with the community

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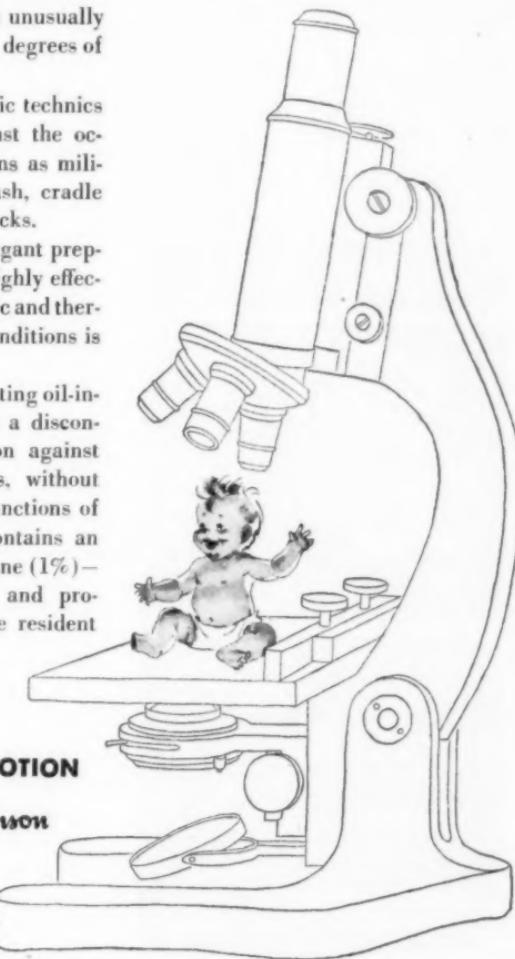
THIS expression aptly describes the skin of the newborn—pink, soft, and silken to the touch. However, since immunologic processes are but poorly developed at this stage, the infant's skin is unusually susceptible to even minor degrees of irritation and infection.

This is why rigid aseptic technics must be employed against the occurrence of such afflictions as miliaria, impetigo, diaper rash, cradle cap, and excoriated buttocks.

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chest in a united fund appeal, this adds up to only a small portion of the potential local appeals. Churches, youth groups, and such are still free to solicit.

3. Federated campaigning "to raise enough money for everything and everybody" implies a control over people's free choice in giving what they want to charities they are particularly interested in.

In brief, say the anti-federationists: "Most Americans believe that people should have the right to decide for themselves what they will give to, and how much."

Schoolteachers Given A Medical Tour

Every year on Business-Education Day, Nashville, Tenn., schoolteachers are taken in hand by the chamber of commerce, herded through a local factory or business concern, and given the low-down on free enterprise. This year there was an innovation: The teachers went hospital-visiting and got the low-down on private medicine.

With the cooperation of the Nashville Academy of Medicine and Davidson County Medical Society, the group was conducted through one hospital to see surgery and in-patient care; through Vanderbilt University Hospital to see medical-school operation and an out-patient clinic; to a third hospital for lunch plus a question-and-answer session with hospital officials.

Besides learning the ins and outs of hospital service, the teachers



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heard a lot about staff organization, finances, hospitalization benefits, nursing-school problems, and such. Chief purpose of the tour, according to J. E. Ballentine, executive secretary of the medical society, was "to familiarize teachers with the hows and whys of the cost of medical care." Predicted Ballentine:

"If we can sell this group on free medicine and in turn have them teach it to school children, we will have gone a long way in helping to keep American medicine free."

Warns Dentists to Shun Social Security Plan

The head of the American Dental Association has cautioned the association not to reverse its stand against Social Security coverage for dentists.

President Harold W. Oppice concedes that "a sizable number" of dentists want to be included under the Old Age and Survivors Insurance program. But, he declares, it would be a "philosophic inconsistency" for the group "to seek expansion of the Social Security Act for the individual advantage of dentists . . . while at the same time continuing its many years of consistent opposition to compulsory health insurance as another Social Security 'benefit' for all citizens of the country."

Instead of pleading for their own inclusion under Social Security, says Dr. Oppice, dentists might better work to have dental surgery for the public made a part of the Blue Shield plans.

GOOD NIGHT



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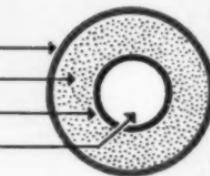
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*Memo from the
Publisher*

● Over the last couple of years, our staff statistician reports, eleven articles from MEDICAL ECONOMICS have been read into the Congressional Record. Which indicates that our national legislators take a lively interest in the sort of information physicians have been getting all along.

So do a good many other people. Although the magazine's aim is to serve as a clearinghouse of ideas for the M.D., the ideas themselves seem to travel far. As a result, we often find MEDICAL ECONOMICS quoted in some rather surprising places—and we don't mean just Capitol Hill. For example:

¶ A physician in Schenectady, N.Y., got so enthusiastic about our editorial, "The Real Issue Is Socialism," that he bought advertising space in the biggest-circulation local paper (the Gazette) and quoted the editorial in its entirety.

¶ The Chicago Daily News ran a three-column feature story on Dr. Loyal Davis and his novel "fee clinic." The story consisted almost wholly of quotes from "They Practice Fee Setting," an article in our May 1951 issue.

¶ The Medical World, published in London, quoted extensively from our reports on the renaissance of the general practitioner.

¶ Drew Pearson relayed to his millions of readers a recent MEDICAL ECONOMICS political forecast: "A number of professions and industries are ready to band together in a massive election-year campaign against . . . the national candidates who lean toward schemes like compulsory health insurance."

¶ Dr. George Lull, general manager of the A.M.A., speaking at the annual session of the North Carolina medical society, keyed his whole address to our editorial, "The Decline of Ewingism."

How often do such quotations appear? Every few days, we run across M.E. items in the various state and county medical journals. At longer intervals, our audience is extended by the major news services and news magazines—quite often after we've reported some original survey results.

What's our policy in allowing such quotations? Our main interest is in making sure that the copyright of the magazine is protected. Official medical journals may quote up to 300 words from any MEDICAL ECONOMICS article, with suitable credit. In most other cases, advance authorization is the rule.

—LANSING CHAPMAN

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See special memo
n page 256

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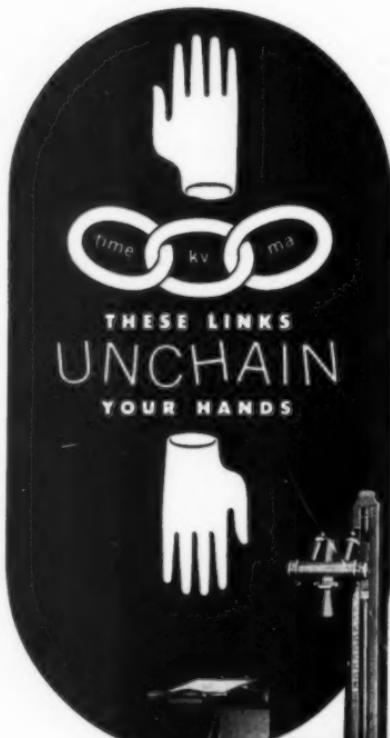
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Medical Economics

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